VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

10991 Ren Diet Ne

	1103	20	CERTIF	ICA	TE OF DEATH	1		Reg. Dist.	No.	, 0 (
1. PLACE OF DEATH  o. COUNTY	Baltimore		MARYLA	AND	2. USUAL RESIDENCE (WHO D. STATE Mary)	-	l lived. If institut b. COUNTY	on: Residence	before admis	sion)
b. CITY OR TOWN (If RURAL ond give nec			e. length of stay in 25y romt hlidy	1	E. CITY OR TOWN (IF o	outside corpor	rate limits, write I	URAL and giv	re nearest low	n)
d. NAME OF HOSPITA OR INSTITUTION SPRING GRO	VE STATE	ve street o			d. STREET ADDRESS	Rivers	ide Aver	iue	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Cathe	rine	Middle		Abey	4. DATE OF DEATH	Hoi 10	11 / 2	Day	Yeor 19 5 9
female	white	WIDOWEE	The state of the s		Aug. 26, 186	7	9. AGE (In years lost birthday)  GO yrs.		YEAR IF UND	ER 24 HRS. Min.
house	ng lite, even it retired)	one 10b, K	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole Marylan)	d	untry)		S. A.	COUNTRY
13. FATHER'S NAME Gregory					14. MOTHER'S MAIDEN N Elizabe		bel			
15. WAS DECEASED EVER (Yes. no. or unknown) (1)	IN U. S. ARMED FORG I yes, give wor or dates of se	rvice]	Unknown	_	ecords: SPRII	NG CR	Add DV4 STA		SPITAL	
Conditions, if on gove rise to im couse (a), stating Il lying couse last.	he under DUE TO	NTIONS CO	MATERIAL TO DE LA							
PART II. OTHE	LINDERLYING TI				NOT RELATED TO THE TERMI			'EN IN PART I	PERFC	AUTOPSY PRMED?
(IF EITHER, NOTIFY A  20c. TIME OF INJURY  Hour o. m. p. m.	MEDICAL EXAMINER)	20d. INJ While of work	Not while	De. PLA fact	CE OF INJURY (Home, form ary, street, office bldg., etc.	20f. (City	or town)	(Cou	unty)	(Stole)
21. I certify the alive on Oct	-	deceased	from Aug.		occurred at 4:10	P.M., fram	the causes of	ind an the	date state	deceased
ACTUAL SIGNATURE PHYSICIAN'S	BRUND	RA	aurkas OHUSK	4.5	SPRING	GRO E	STATE	HOSPIT		21/50
NAME (Type)  220 BURIAL, REMATION REMOVAL (Specify)	10/24/	59	22c. NAME, OF CEMETE	RY OR	Catonsvi CREMATORY		Maryla		bles !	"he
23. FUMERAL DIRECTOR'S	SIGNATURE	5	ADDRESS / Val	di	DATE OC	T 2 3 '5		STRAR'S SIGN		

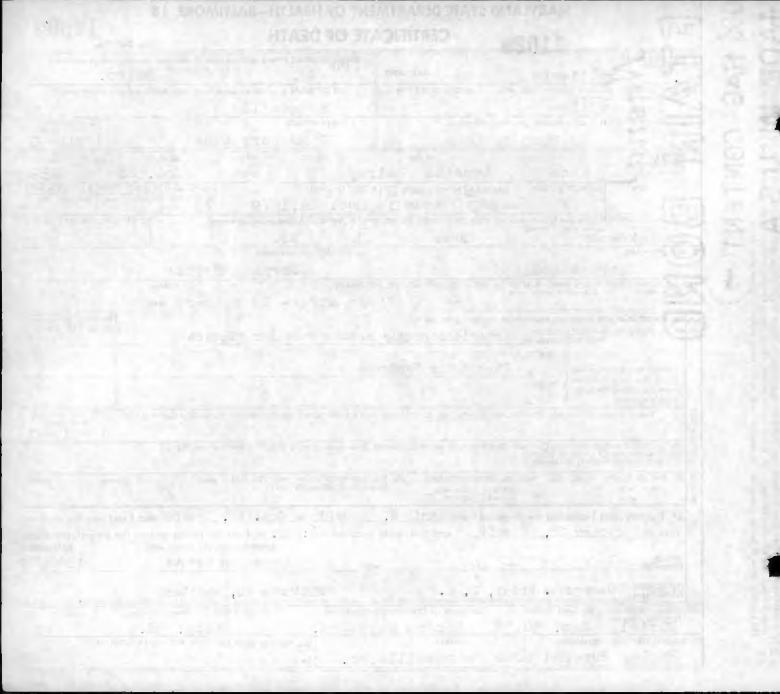
funeral director, uld be filled with may be retained by the haspital or attending physician.

O FUNERAL Description and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death.

death! Page

requires that the death certificate be executed within 24 hours ATTENDING PHYSICIAN: The law TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 10/57

	110	29	CERTIFIC	ATE	OF DEAT	Н			Reg. Di		TOD	00
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RURAL ond give	(If outside corporate lim nearest town) SV111e	its, write c. 1	ENGTH OF STAY IN 11	X	Catons			write RI			arest town	)
d. NAME OF HOSP OR INSTITUTION		nery La		1	d. STREET ADDRESS  22 Nun	nery	Lane					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Lena		Middle netta A	ire	Lost	4. DATE OF DEATI		Mon		6	,	Yeor 19 <b>5</b> 9
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during most of well Houseke	ION (Give kind of work orking life, even if retired BPOP	done 10b. KIND	of Business or ini	DUSTRY	11. BIRTHPLACE (SION	e or foreign	country)		12. CI	TIZEN O	F WHAT	COUNTR
13. FATHER'S NAME Cha	arles Hei	a land		14.	MOTHER'S MAIDEN	name rrie	Fer	rer				
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of	ICES? 16. SOCI		infor	m Airey-	22 N	Vunne:	Addr	Lane			
PART I. DE	the <u>under-</u>	Arter Parki	ioscleroti nsons Synd	rome						ONS	RVAL BE	DEATH
20a. ACCIDENT W	THER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINERS		HOW INJURY OCCUR						EN IN PAR	T I(o) 1	PERFO	NO [
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Ye	While	OCCURRED 20e. Not white	PLACE Co foctory.	F INJURY (Home, for street, office bldg., e	m, 20f. (Ci	ty or town)		(1	County)		(Slole)
actual SIGNATURE	tober 25.  George A. K	19.59 Loupy	om April 6 and that dea	th occ	, 1951 , to ( purred atl:00F  4116 Ed  Baltimo	ADORESS (	om the ca Street, city o	vses a r lown, nue	nd an t	last sa	te state	decease d abov TE SIGNI 28/5
Ro. BURIAL, CREMATIC REMOVAL (Specify Burial	Oct. 30	59	NAME OF CEMETERY Loudon P		MATORY		ATION (City, Balto	lawn, a	r county)		(Stote	)
Farley	Funeral I		address atonsvill	e,M	a .	T 3 O IE			TRAR'S SIG		E	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Fled b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town MIDDLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 090 ON A FARM? CV YES NO NAME OF 4. DATE First Middle Month Yeor DECEASED OF DEATH (Type or print) ALLE 19 59 October 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | carbon papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) CHEF puo 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 422,1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO cotte (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO Z accinema 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Not while foctory, street, office bldg., etc.) Hour o. m. While of work of work p. m. 29 1952, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 8.45 P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) MENOFI BALTIMORE 20 220. BURIAL, CREMATION, 22b, DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV arthur & House 15M 9/55

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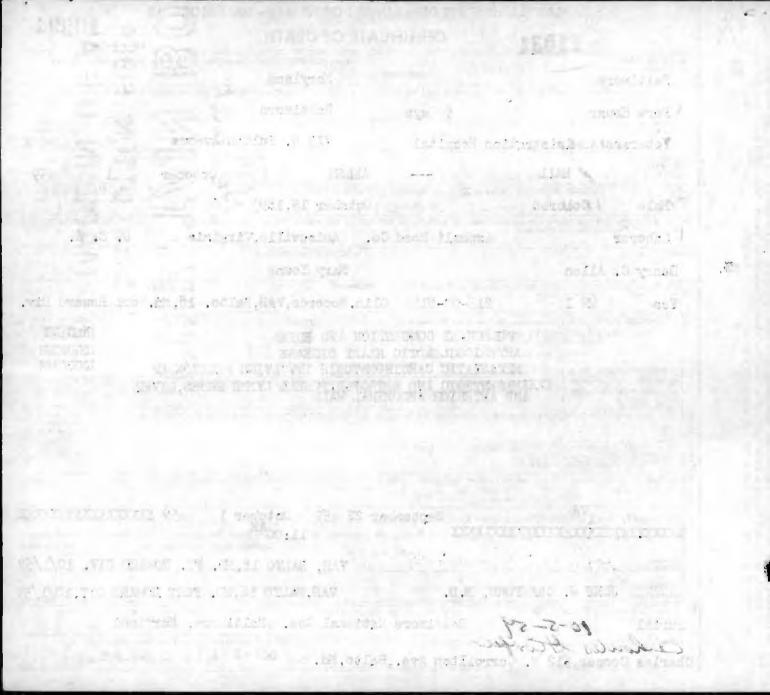
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Baltimore	e		MAI	RYLAND	2. USUAL RESIDENCE O. STATE Maryla		b. COUNTY	n: Residence be	efore admission	1
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Fort Howa			9 Day	s	Baltim	ore	3	VO1-4	4	
d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, g	jive street o	oddress)		d. STREET ADDRESS			22	e. IS RESIDI	ENCE
Veterans	Administra	ation	Hospital		713 N.	Fulton	Avenue		YES N	
NAME OF DECEASED (Type or print)	HALL.	ts†	Midd		ALLEN Lost	4. DATE OF DEATH	October	1	Day Yea	59
SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARI	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDER	
Male	Colored	WIDOWE	D DIVORO	ED 🗍	October 15,	1893	65 lin years 65 yrs.	Months Day	s Hours	Min
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Laborer	ing life, even if retired	) A	sphalt Ro	ad Co	. Amissvi	lle.Vir	ginia	U. S	. A.	
FATHER'S NAME					14. MOTHER'S MAIDE					
Henry C.	Allen				Mary You	ng				
	IN U. S. ARMED FOR	CES? 16. 9	SOCIAL SECURITY N	io. ] I	NFORMANT	_0	Addr	ess	_	
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may be retain by the haspital or attending physician.

TO FUNERAL IL CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed—with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR

VII A1S (4) 1SM 9/SB

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CERTIFICATE OF DEATH

10995

Onther S. Hours

OOT 1 6 '59

	1103	2	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	000
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylas	nere deceased lived. If institution b. COUNTY	on: Residence before  Baltimor	
RURAL and give n	(If outside corporate lin nearest lawn)	nits, write c. L	ENGTH OF STAY IN 16	Luthervil	outside corporate limits, write R	URAL and give neare	st town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital,	give street addre	223)	d. STREET ADDRESS		e.	IS RESIDENCE
	31 Cros	ftley Ro	ad	31 Croftle	Road		YES NO
3. NAME OF DECEASED (Type or print)	ROWARD	LEWIS	Middle ALLSTON	Last	4. DATE Man OF DEATH Octobe	/	Year 19 <b>59</b>
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF	
Male	White	WIDOWED	DIVORCED [	August 3, 1920		Months Days	Hours Min
100. USUAL OCCUPATI- during most of wor  District M  13. FATHER'S NAME	rking life, even if retire	d)	of Business OR IND	Delaware  14. MOTHER'S MAIDEN N		USA	HAT COUNTR
					AAME		
	Norris Alla		AL OF CURITY AND	Marian Fay	Addr		
(Yes, no, or unknown)	ER IN U. S. ARMED FO (If yes, give wor or dates of WW 2		AL SECURITY NO.		lston, 31 Croft		
Conditions, if couse (a), stating lying couse last.	the under-	(c)	RIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	inal disease condition giv	'EN IN PART 1(a) 19.	WAS AUTOPS
OR CONTRIBUTING	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.)		ES NO
20c. TIME OF INJUI Haur o. m. p. m.		While	Y OCCURRED 20e. Not while of work	PLACE OF INJURY (Hame, form factory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Sto
actual signature	hat I attended the	e deceased f	Linner	eno Leith	M, fram the causes an ADDRESS (Street, off) or town,		
220. BURIAL, CREMATIC REMOVAL (Specify	0ct. 14.		E NAME OF CEMETERY  ALTIMOTE NE  ADDRESS	or CREMATORY	22d. LOCATION (City, town, or Baltimore, D BY REGISTRAR 24b. REGIS	Maryland	(Stote)

Towson, Maryland

D FUNERAL DESCRIOR: After this certificate has been signed by the offending physicion and ≡ample≡ly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hars check death. y the haspital or attending physician.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

death. Page 4

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TO FUNERAL D TO HOSPITAL VS A1S (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) · COUNTY # o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO. NAME OF First. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 9. AGE (In years lost, birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Doys Havn WIDOWED 17 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired) 11. BIRTHPLACE (State-off foreign-country) 12. CITIZEN OF WHAT COUNTRY? and con 13. FATHER'S NAME/ 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) ama 18. CAUSE OF DEATH | Enler only one cause per the fat INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES 🖺 NO D 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour o.m. While Not while al work at wark 21. I certify that I attended the deceased from 5.7, that I last saw the deceased alive an and that death occurred at DM, fram the causes and an the date stated above. ADDRESS (Street, city or Jown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county). -(State) REMOVAL (Specify) CMIL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kroup VS A15 (4) 66ATE OCT 2 9 '59

director

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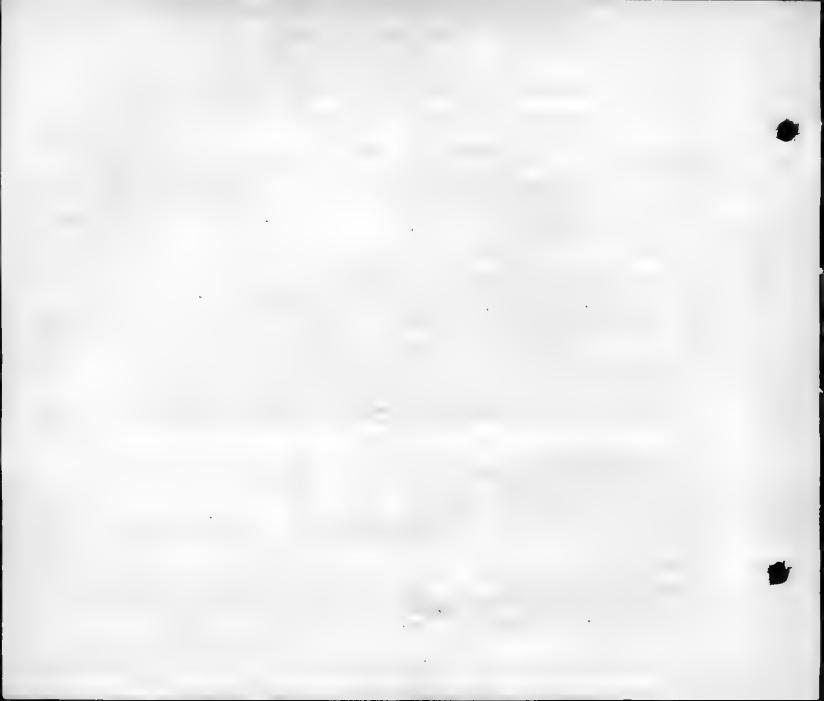
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TO HOSPITAL OF

VS A1S (4) 15M 9/58

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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1 PLACE OF DEATH					2. USUAL RESI	DBN CE (W	here deceas				nce befo	re admis	sion)
G. CO 01411	Baltim	ore	MARI	LAND		(aryla	and	b.	COUNTY	Balt	imor	е	
b. CITY OR TOWN ( RURAL and give n	If outside corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside corp	orate limit	s, write R	URAL ond	give nec	arest low	n)
	iddle Riv	AY			4	fidal	e Riv	ver					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspitat,	give street	address)		d. STREET	ADDRESS						e. IS RES	IDENCE
	506 Middle	Rive	er Rd.		1	506 1	Middle	e Ri	ver T	Rd.			NO [X]
3. NAME OF DECEASED	Fi	st	Middle		ما	57	4. DATE OF		Man	th	De	y	Year
(Type or print)	Tran	cis	W_		Asher		DEATI	Н	00	et.	2	26,	1959
5 SEX	6. COLOR OR RACE		NEVER MARRI	ED 🔲 E	. DATE OF BIRT	Ή		9. AGE	(In years irthday)		R 1 YEAR	IF UND	ER 24 HRS
Male	White	WIDOW	DIVORCE	D 🗆	Nov. 2	\$, 18	79)	75	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind af work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHP	LACE (State	or foreign	country)	-	12.CI	FIZEN OF	F WHAT	COUNTRY
Farmer-F		'	Farming		Ba	alto.	Co. N	īd.			USA		
13 FATHER'S NAME	COLI CA		1 dr milis		14. MOTHER'S			1,4,8			ODEL		
	John Acho	-				3.7	omar Mo	Vinl.	OTF.				
15. WAS DECEASED EVE	John Ashe:		SOCIAL SECURITY NO	. 1 100	TORMANY	IV.	ary Mo	V TITE	Add Add	ress			
(Yes, no, or unknown)	(If yes, give wor or doles of t	ervice)			A	A 2	201				Di	00	
No I	ama Peri		4-20-5430	Irs	Annie	Asher	<u>r 508</u>	> MILGO	ile_r	<u>liver</u>		ACCUPATION NAMED IN	
	ATH [Enter only one co ATH WAS CAUSED BY:	use per in	ne for (a), (b), and (c).	4		4. 1	1	1	1		ONS	ERVAL BE SET AND	DEATH
1001	IMMEDIATE CAUSE (c	)	Acute	-	40 CAR	dial	10	~1a	reli	0~			
4 3,1	DUE TO	+			2								
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gove rise to i cause (a), stating										-			
lying couse last.	) (c	1											
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Š .													MED?
PART II. OTH	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature o	of injury in	Port 1 or Po	ort II of ite	m 18.)			100	
OR CONTRIBUTING	MEDICAL EXAMINER)			44									-
	RY Month, Day, Ye	or 20d II	NJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, far	m. 20f (Ci	ty or town	1	_	(County)		(Stote
Haur a.m.	19	While	Not while	fact	ary, street, offic	e bldg , et	c.)	.,			(Coom)		(200.0)
≥ p, m,	19	of wor	k ot work		60		1	3.4					
21. I certify th	nat lattended the	deceas			193	., 10	) e l	26					deceased
alive an	Oct. 27	, 1 <u>9_</u> "	$\sum_{i=1}^{n}$ and that	death	accurred at	32.A	•.M, fram	the ca	uses an	d an th	e date	state	d abave
		0					ADDRESS (	Street, city	ar tawn,	stote)	0	DA	TE SIGNED
ACTUAL SIGNATURE	Samuel	7	elle	A	\.D.		(	Oct	2		. )	9,	
	_	- 1	Ch										
PHYSICIAN'S NAME (Type)	Sam	wel	Stern	· 3	· D .			10					
22a. BURIAL, CREMATIC		F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOC	ATION (Cit	y, town,	or county)		(Sto	le)
REMOVAL (Specify)	10-29-19	KO.			ethodis			hase	Me	1			
23. FUNERAL DIRECTOR		77-	ADDRESS	er M	ernoars.		'D BY REGI		4b. REGI	STRAR'S S	IGNATU	RE	
Lambri	Trullloms	2-74	or Balain	RX			CT 3 0						
- Chinasa Colo	CON A WICHO	-/-	11/6/00	1-01	all .	DAIL	0100	33	باب	Thung &	7 by 100	14	

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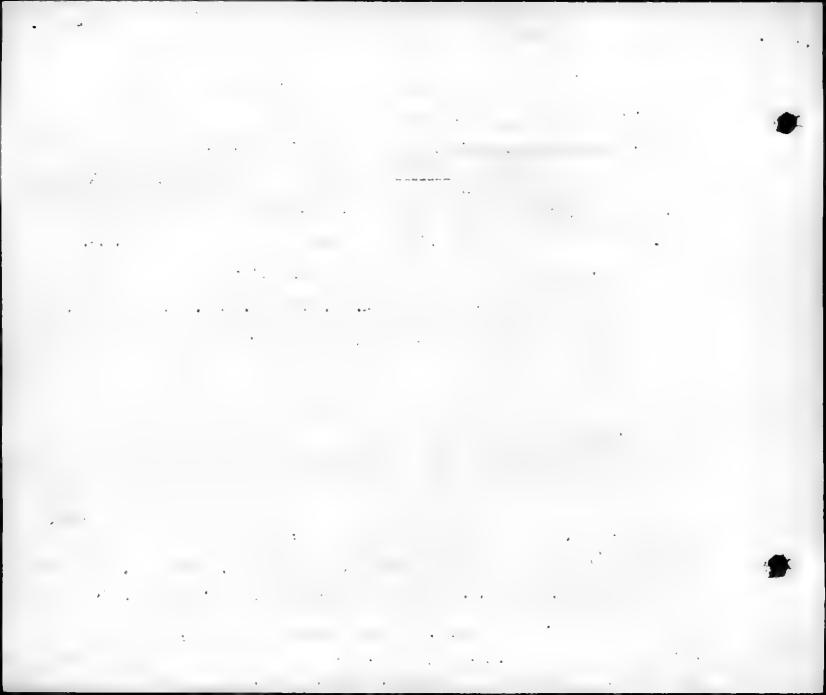
N. Monroe St., Balto. 17, Md.

that the death certificate be

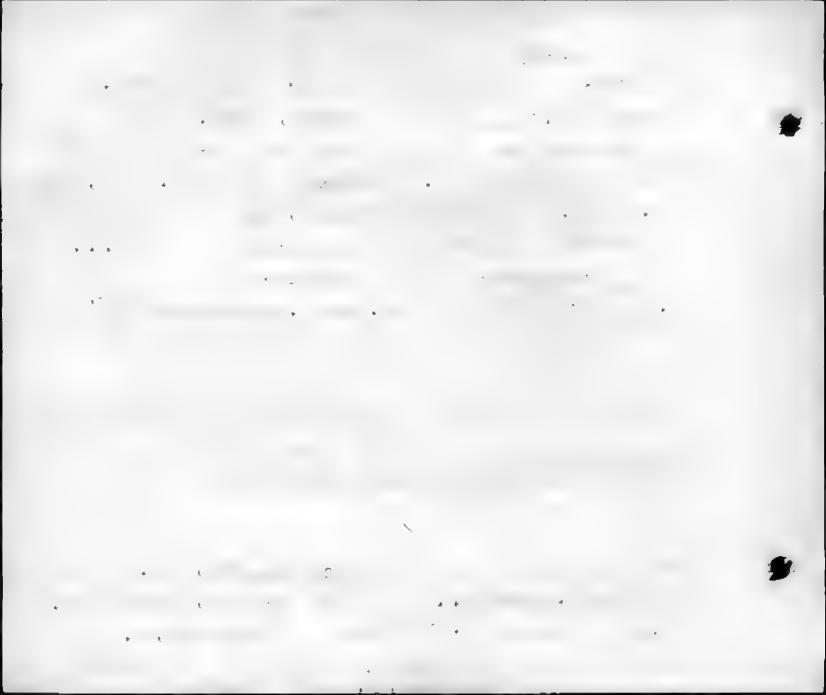
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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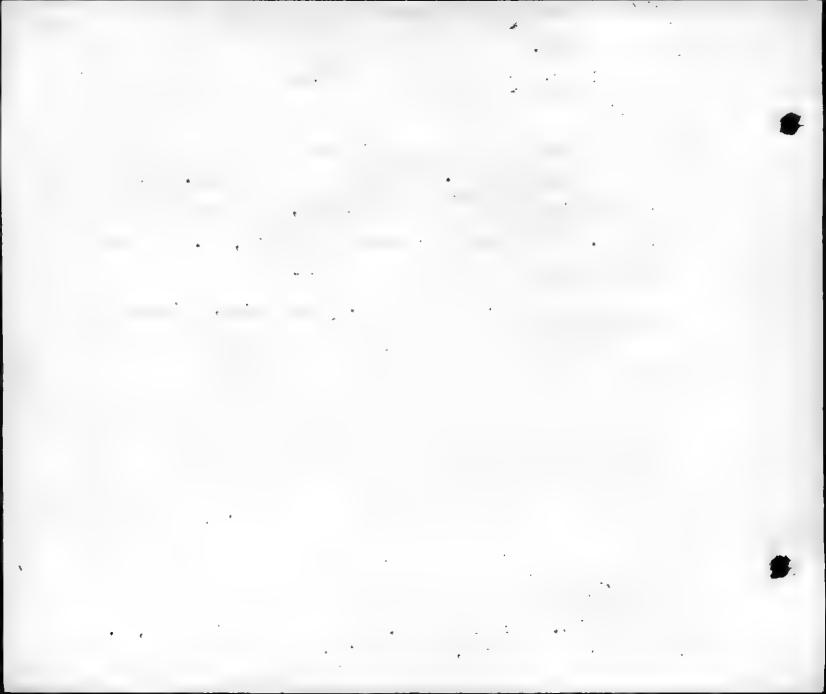
AIL OF DEATH	<u> </u>			Reg. D	ist. No		
2. USUAL RESIDENCE (Who a. STATE Mary.		d lived. If inst b. COU		: Reside	nce befa	re odmiss	ion)
c. CITY OR TOWN (If o	utside corpo	prote timits, wri	te RUI	RAL and	give ne	arest town	1]
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d. STREET ADDRESS						e. IS RES	IDENCE
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Last	4. DATE OF		Month		Do	ıy	Year
BARNES	DEATH	Octo	er		3.	L	1959
8 DATE OF BIRTH		9 AGE (In ye					R 24 HRS
April 26, 189	94	last birthide	Atz [	Manths	Days	Hours	Min
ISTRY 11. BIRTHPLACE (State	or foreign c	ountry)					OUNTRY
Arkansas				U	.S.	1.	
14. MOTHER'S MAIDEN N							
Serana	Himes						
INFORMANT			Addres	18			
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accurred at 3:18		the causes treet, city or to			e date		dbove
M.D. VA Hospits	l, Ft	. Howe	ed,	Md.	1	0/31	/59_
VA_HOSPITA	L, FOR	T HOWAR	m,	MD.	10	/31/	59
OR CREMATORY	22d. LOCA	TION (City, Io	vn, or	county)		(Stot	e)
nal Cemetery	Balt	imore,	Ma	ryls	nd_		
240. REC	D BY REGIS	TRAR 24b. F	EGIST	RAR'S S	IGNATU 0	RE	



1		MARY	LAND STATE DEPARTM	IENT OF HEALTH—BA	LTIMORE, 18	10000
1		1100	CERTIFICA	ATE OF DEATH	Reg	10999 . Dist. No.
director,	1.	PLACE OF DEATH o. COUNTY Balto	MARYLAND	2 USUAL RESIDENCE (Where deceded on STATE	b. COUNTY	sidence before admission)
ral o	-	b CITY OR TOWN (if outside corporate lin RURAL and give nearest town)	nits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		
run pla		Rockdale Balte.	7	X Rockdale, (1	Balto. 7)	
2 shoul		Rockdale Balto d. NAME OF HOSPITAL (If not in hospitol, OR INSTITUTION	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
in by	3.	NAME OF DECEASED	irst Middle	Last 4. DAT		Day Yeor
filled ges 1		DECEASED (Type or print) Oli		Barnett OF DEA	TH Octo	18. 19.59
≥ S	5.	SEX 6 COLOR OF RACE	7. MARRIED NEW MARRIES	B DATE OF BIRTH	9 AGE (In years IF UN last birthday) Mon	NDER TYEAR IF UNDER 24 HRS
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carbon papers.	10	o USUAL OCCUPATION (Give kind of wor during most of working life, even if retire Housewi Te	:d)			CITIZEN OF WHAT COUNTRY?
الم ما	13	FATHER'S NAME	Heme	14. MOTHER'S MAIDEN NAME	<u> </u>	UoSoAo
E S E		Frederic	k Raver	Ide Weller		
physician smave car hours offe		. WAS DECEASED EVER IN U. S. ARMED FO		INFORMANT	Address	Balte. 7
ding ase re in 72		No. ******	teastavanes M	r. George S. Barne	tt 3632 Marr	ictt Lene
an please rem within 72 h		18 CAUSE OF DEATH [Enter only one PART I DEATH WAS CAUSED BY	cause per line for (b), (b), and (c) ]	2. 0		ONSET AND DEATH
he a her ent		MMEDIATE CAUSE		many		H. Long of
E. T.		Conditions if you which h	16) Ayoutani	Coll haras	هسا	3 Years
permil in on)		gove rise to immediate couse (a), stating the under-		Heart Failure.	-Plinie	3 monther
been si transit al, and	Z	PART II. OTHER SIGNIFICANT CO	(c)	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY
as be						PERFORMED?
ficate he the buri	CERTIFICATION		206 DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I or	Port II of item 18.)	1
certi	MEDICAL	20c TIME OF INJURY Month, Day, 1	Year 20d. INJURY OCCURRED 20e P. While Not while	LACE OF INJURY (Home, form, 20f. (Coclory, street, office bldg., etc.)	City or town)	(County) (State)
rhis remore	M.F.	p. m. 19	of work of work			
of fo		21. I certify that I attended th	472.	10, 1999, 10 10/		at I last saw the deceased
a buri		alive an	, 19, and that death	h occurred at 1/13-f.M. fr	fam the causes and c (Street, city or town, stote)	
rior to		ACTUAL SIGNATURE Educa	Thirpred)	.m.o8204_IAberty		• 7
AL nout	4	PHYSICIAN'S Edwin In P	erpent MaDa	8204 Liberty	Road Rock	dele).Belto-7
FUNER, age 3 sl	27	D. BURIAL, CREMATION, 22b. DATE THER		OR CREMATORY 22d LO	CATION (City, town, or cou	nty) (State)
O FUN Page The re		Burial 10/21	159 Mt. Olive C		ndallstown.	
A15 (4) 5 5		TARTER STORY	ADDRESS	24g. REC'D BY REC		- 4.
10/57	-	AUTHO DIEKS KIN	Ass 8728 Liberty		59 Cullun	8 Kraus
		V	Randalistown	Md.		



	/	7	MARY	LAND	STATE DE	PARTM	ENT OF H	<b>IEALTH</b>	-BAL	TIMOR	E, 18		( 1 Δ	0.0
	(	9/	11035	,	CEF	RTIFICA	ATE OF I	DEATH	l		F	teg. Dist. I	11()	บบ
		ACE OF DEATH COUNTY	al timore			MARYLAND	2. USUAL RES		ere deceosed	d lived. If m b. CO		77	efore odm	•
		CITY OR TOWN (II	outside corporate lim	its, write	c LENGTH OF	STAY IN 16	c. CITY OR	TOWN (If or	·	rote limits, v	vrite RUR	AL ond give		
4	d.	OR INSTITUTION	LLC AL (If not in hospital, s LL Road	give street	oddress)		d. STREET		_ /	·			ON	ESIDENCE A FARM?
	3. NA	AME OF	Fi	rst	M	iddle	Lo		4. DATE		Month		Day	Yeor
	(Ty	pe or print)	Stanl		<u>J.</u>	Barta		21	DEATH	Oct.		UNDER 1 YE	A PÎ IE HINI	19
		ale	White	WIDOW	ED DIV	ORCED	June 1	0,19	13	9. AGE (In lost birth 46	4,	Months Day		
	d	luring most of work	IN (Give kind of working life, even if retired	)		and a		LACE (Stole	or foreign co	ountry)		12. CITIZEN	OF WHAT	COUNTRY?
	Fu	THER'S NAME	t.	Be	thleher	m Ste	14. MOTHER"	ALT IM		Md.		USA		
]	/ ,	Joseph :	Bartas				Ur	know	n					
Ì	15. W.	AS DECEASED EVER	R IN U. S. ARMED FOR	ervice]		Y NO.	NFORMANT				Addres	5		
				215			rs. Sar	ah B	ertes	69 1	forr	111 I	load	
	18		TH [Enter only one co TH WAS CAUSED 8Y:		'/O	(4)]	, GI	1/100	Danil			C	NTERVAL INSET AN	BETWEEN ID DEATH
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	- 0	gave rise to ir couse (o), stoting l lying couse lost.								/ `				
	ğ =	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASI	E CONDITIC	N GIVEN	IN PART 1(c	19 WA	S AUTOPSY FORMED?
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		PR CONTRIBUTING F EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	200 013	CRIBE HOW INJU	KI OCCORRE	D. (Enter noture i	אר ווין עזיץ וווי ד	OIT I OF FOIL	i ii oi iieiii i	19.1			
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			at I attended the		0	24:1	7, 19	_, to/	05	17,1	9,th	ot I lost s	aw the	deceased
	٥	live on	-(-/	, 19	<i>,</i> 979	that death	occurred at			the cause				ed above.
	A SI	CTUAL	Hery	8.	Fin	NO	M.D	605	E	man	Lan.	ore) =======	10	-519
Ather.	PI	HYSICIAN'S /	HARRY!	8	GIMBE									/
	270 B	IJR AL, CREMATION		<sup>6</sup> 59	Loud on		R CREMATORY			ion (city, timor		county)	(51	rofe)
	23 FU W1	TZKE FU	s SIGNATURE Dir	ecto	rs. 410		ondson		8Y REGIST			RAR'S SIGNA	TURE	
Į							A V M	DATECT	6 '59		7.1	A the	UK	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11038 CERTIFICATE OF DEATH Reg. Dist. No.

PLACE OF DEATH COUNTY By / to maryland	2. USUAL RESIDENCE (Where deceased lived if institution tendence before admission)  o. STATE  b. COUNTY  The state of the
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS & IS RESIDENCE ON A FARM?
Jawson only Mome	Trexs/one Kd. YES NO
NAME OF DECEASED (Type or print) Clara N. Baum oay	ther DEATH Oct, 22 Day Year 1959
6. COLOR OR BACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tarmer  Own Farr	11. BIRTHPLACE (State of toreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S MAME P BYITHE	14. MOTHER'S MAIDEN NAME  Lizabeth Nelson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (15 year, no. of hydrown) (15 year, give wor or dates of service)	lesa Burna Illerita vall Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
33/X DUE TO	- Memorrage 5 day
Conditions, if any, which ) (b) Helpe	Thereson
gove rise to immediate couse (a), stating the under DUE TO	^ /
lying couse lost. (c) Crith	o activoris
Pam II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
CAI	YES NO Z
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 1B )
	LACE OF INJURY (Hame, farm, 20f (City or town) (County) (Stote) (County)
21. I certify that I attended the deceased fram. 10/1	7 , 1957, ta 1/2/22 , 1957 that I last saw the deceased
alive on 10/21, and that death	
2 2	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE SIGNATURE	Go - Jankton Md 20/22/5-)
PHYSICIAN'S A. M. FRANCE	
220 BORIAL, CREMATION, 22b. DATE THEREOF 20 MANE OF CEMETERY C	OR CREMATION (C'y), town or country (Spote)
LUYIA 10 23 PY WISEDUI	o lemelery White Hall, Ind.
23 JUNERAL DIRECTOR'S AIGNATURE ADDRESS ADDRESS	246. PEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Sacol Martine un Mour Torogoo	m. Val DATE OCT 26'59 aritury S. Frank

**CERTIFICATE OF DEATH** 





death. Page 4

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours aft

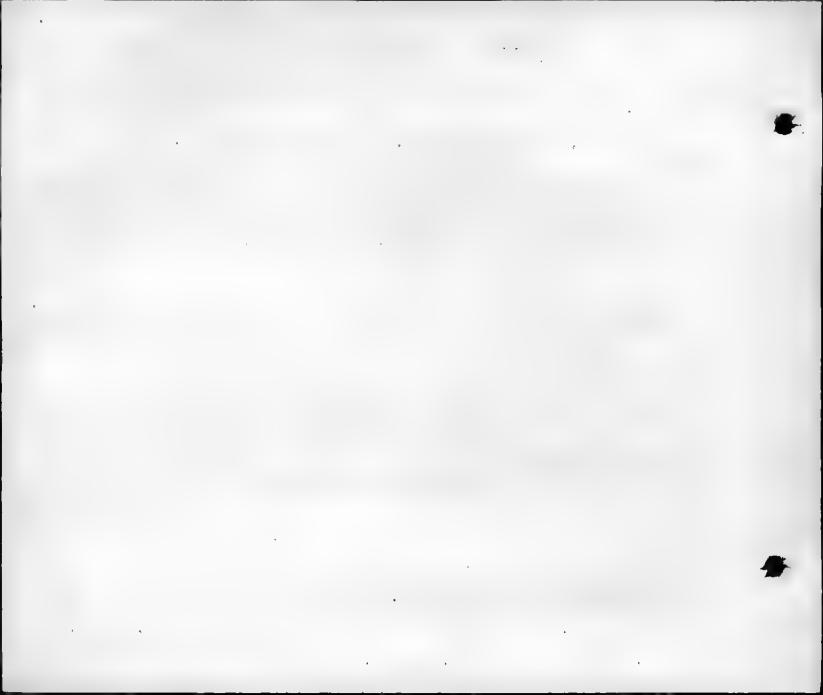
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

eg. Dist. No. 1003

	1 1 1 1 7	CERTIFI	CAILO	DEATH		Res	g. Dist. No.	00.
I. PLACE OF DEATH Balti	more	MARYLAI	II o STATE	esidence (Where		all all the second second	esidence before od Baltimo	
b. CITY OR TOWN (if outside co RURAL and pice procest town)	porate limits, write	E. LENGTH OF STAY IN		ndalk	de corporate lim	ils, write RURAL	and give nearest t	lown)
d. NAME OF HOSPITAL (If not in OR HASTITUTION THE STORE ).		oddress)	2	TADDRESS OO R1dd	le Ave	nue	1 0	RESIDENCE N A FARM? NO P
	First Quis	Henry	Boog		DATE OF DEATH	Octobe	r 18,	19 59
S SEX 6. COLOR Whi		RIED THEVER MARRIED   TED DIVORCED	fine a management	_	67 9. AGE	(In years IFU be(hday) Mar yrs	NDER I YEAR IF U	
ROUTE OCCUPATION (Give kin	as of antionals	kind of Business or it		altimor	-	1	U.S.A	
13. FATHER'S NAME Henry B	ee ge r			R'S MAIDEN NAM Unknewn				
TS. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16.		17. INFORMANT Mrs. El	izabeth	Roogo	r 7500	Riddle	Ave.
IB. CAUSE OF DEATH [Enter  PART   DEATH WAS CA  IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (o), stating the under: lying cause last.	USED BY. E CAUSE (o)	*	aclu: -/	insente	· de.	74. (		L BETWEEN ND DEATH
PART II. OTHER SIGNIFI  200. ACCIDENT WAS UNDERLY OR CONTRIBUTING D CAUSE (IF EITHER, NOTIFY MEDICAL E.	ING 206 DES	CONTRIBUTING TO DEATH					PE	AS AUTOPSY REORMED?
20c. TIME OF INJURY Month, Haur o. m.	Day, Year 20d. I While		e. PLACE OF INJUI factory, street, o	Y (Home, form, 2 ffice bldg., etc.)	20f. (City or town	n)	(County)	(State
21. I certify that J atter	nded the deceas	sed from left is		ot 5 - AN		causes and		
NAME (Type)	1 / 19 -	- 118572	MD	3 08 F	4 2 2 4 2 4	St. C.		10/20/
Bury Perciy) Oct	177				Easter	n Blvd	inly) [	Stote)
John J. Duda 7	-	ADDRESS Ave. 22,	Md.	24g REC'D BY OCT 2	2 '59	246 REGISTRAR	S SIGNATURE	

TO HOSPITAL OR Moy be retained to FUNERAL DIF



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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L	27030	CERTIFICA	IE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH Ball	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY	on: Residence before admission)
	b CITY OR TOWN (If outside corporate limits, write RUEAL and give nearest fown)	OTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not inhospital, give street address) OR INSTITUTION  All Auction	an	d STREET ADDRESS	nauin	ON A FARM? YES   NO
3	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	6 Middle 301	Esseriberes 4.	BATE MOS DEATH O	
5.	SEX   6. COLOP OR MACE   7. MARRIED   N	DIVORCED   B	BATE OF MITH	9. AGE (In years also bighday) yrs.	Months Days Haurs Min
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most it working life, even if retired)	BUSINESS OR INDUST	RY 11. BIRTHIPETICS (Stote or t	foreign country)	12. CITIZEN OF WHAT COUNTS
(C)	allon F. Cloud	7	14. MOTHER'S MAIDEN NAM	ie La	Rue
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL S	ECURITY NO 12/11	stand	Abdr	····
	18 CAUSE OF DEATH [Enter only one cause per line far (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if only, which gove rise to immediate cause (o), stating the under-lying cause lost.  CAUSE OF DEATH [Enter only one cause per line far (a),  DUE TO  DUE TO  Lying cause lost.	hal He . arter	worrhage oscleros	is	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH		OT RELATED TO THE TERMINAL		EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CES	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF Hour o m. While Not	CCURRED 20e. PLAG while foots	CE OF INJURY (Home, form, pory, street, office bldg., etc.)		{County} (State
	21. I certify that I attended the deceased from alive on 19 59	and that death	accurred of 1.30A		that I last saw the deceasing an the date stated above the DATE SIGN
	PHYSICIAN'S AMERICAN'S ANAMIE (Type)	F 3	105 91. Cho	rhost.1	30to 18.94
	Menery 10-9-59	ME OF CEMETERY OR	- 17	d. LOCATION (City, togripad	Stole)
73	FUNDERAL DIRECTOR'S SIGNATURE ADD	Hallor	240. REC'D 6		STRAR'S SIGNATURE

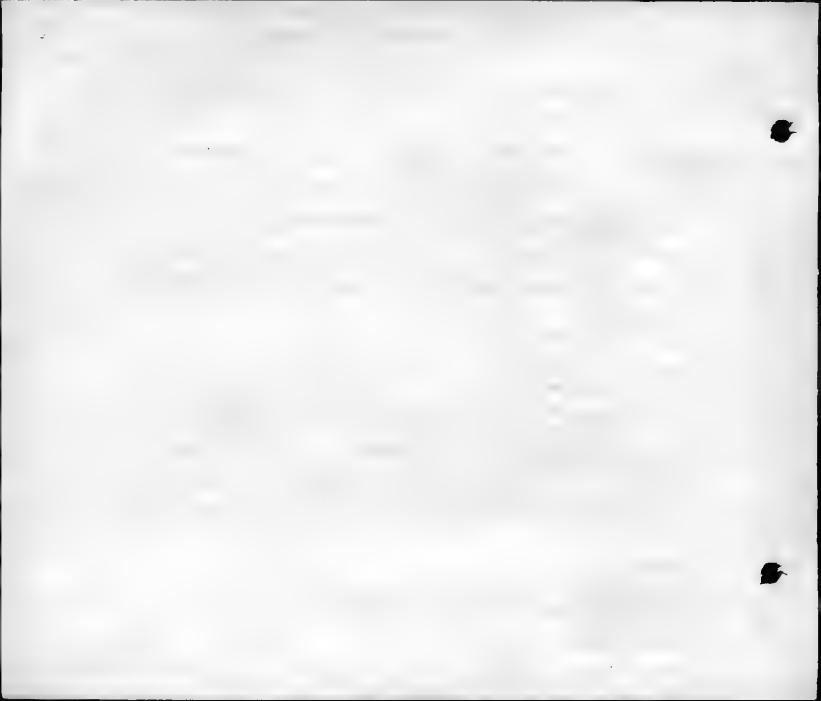
may be retained by the hospital or ottending physician.

O FUNERAL IN CIOR: After this certificate has been signed by the attending physician and campletely fitted in by funeral director, page 3 shauld detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL PACE

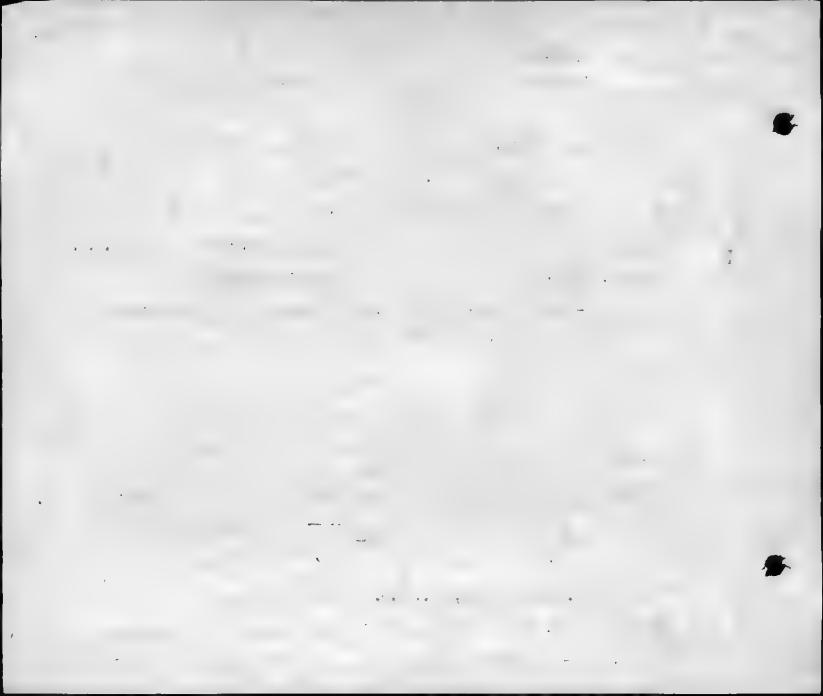
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X

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH rector. For your files. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before edmission) a. COUNTY 6. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN ( floutside corporate limits, write RURAL and give neerest lown) write RURAL and give negrest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (fino) in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? funoral 2 with the State B 1232 Argyla Avenue Timonium Fair Grounds YES NO [ 3. NAME OF E.est Middle 4. DATE DECEASED and 3 to the RAYMOND BOOKER October (Type or print) DEATH with the 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years | FUNDER 1 YEAR FUNDER 24 HRS. 1, 2, and 3 age 5 may 1 and 2 wit 72 hours last birthday) | Months, Days ! Hours within 24 hours after d 18. Give Pages 1, 2, and 1 form PM3. Page 5 mi mit. File cages 1 and 2 v WIDOWED [ DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Jockey Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph A. Booker Catherine Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address {Yes, no, or unknwn} ((fyesgive werordatesofservice) Examiner's Office along with a used as a burial-transit permi Ameel Faulcon - 1232 Argyle Avenue 218-03-2874 certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Gunshot wound of head in pencil IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which "pending" geve rise to immediate cause DUE TO (a), stating the underlying cremelion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? 8 the word YES DO Medical NO plnous 2Da EXTERNAL CAUSE WAS PR MARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of insury in Part I or Part II of item 18.) burial, Shot self in head Chief age 3 certificate, writing 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF NJJRY the Chie R: Page (County) (Stata) Fair Grounds 0 While Not While at work Baltimore Md. 19 59 10/6 el work JUNECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inquiry and in my opinion DICAL Undetermined manner death resulted from Matural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 10/7/59 DEPUTY EXAMINER'S W. Bradley King, Jr., M.D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) £40 g Arbutus Memorial Park 0 Baltimore, Maryland 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME DATE OCT 1 3 '59 Law - 802 Madison Avenue arthur & Kraus 5M 7/59



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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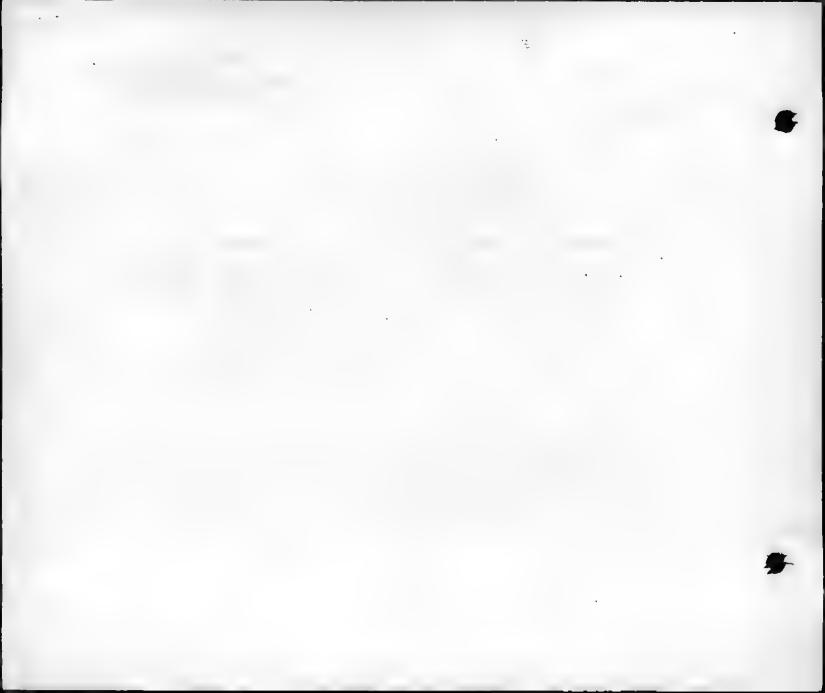
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(Stote)

12 CITIZEN OF WHAT COUNTRY?

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(County)



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1 PLACE OF DEATH  a COUNTY  BALTINORE  2. USUAL RESIDENCE (Where decear  a STATE  MARYLAND	sed lived. If institution Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside car	porate limits, write RURAL and give nearest tawn)
FORT HOWARD 92 DAYS BALTIMORE	3V11 4
d. NAME OF HOSPITAL (If not in hospito), give street address)  d. STREET ADDRESS	e IS RESIDENCE
VETERANS ADMINISTRATION HOSPITAL 3203 RAMONA AVE	NUE ON A FARM? YES NO X
3. NAME OF First Middle Lost 4. DATE OF	Month Day Year
(Type or print) ALBERT W BRAZIL DEAT	0010DIAC 0 17 )7
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Hours Min
MALE WHITE WIDOWED DIVORCED NOVEMBER 14 1900	58 yrs
10a USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign during most of working life, even if retired)	country) 12. CITIZEN OF WHAT COUNTRY?
FIREMAN (RETIRED) Baltimore City MARYLAND	U.S.A.
13. FATHER'S NAME	
JOHN BRAZIL MARY BRASITIS	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT  (Yes, no, or unknown)	Address
IES WW-1 218-22-8390 CLIN REC VAH BALTO	MD FT HOWARD DIVISION
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MYCCARDIAL INFARCTION ACUTE	ONSET AND DEATH
IMMEDIATE CAUSE (6) PILOCARUIAL INFARCTION, ACUTE	UNINOWN
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cause (a), storing the <u>under-</u> lying couse last.	
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NAME OF THE PARTY	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	סווו סו וופיזה לנג ן
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Haur a m.  While Nat while factory, street, affice bldg., etc.)  p. m.  19 at wark at work	
	r 6, 1959, настанованованованов
observed and the deceased from the death occurred at 1.15 PM, from	
	n the couses and on the date stated above. (Street, city or town, state)  DATE SIGNED
ACTUAL - F	(an aci, city or lowit, stole)
SIGNATURE ALMAN M.D.	
PHYSICIAN'S John K. Ebling M.D. VAH, Baltimore	, Md. Ft Howard Div. 10-7-5
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220 BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOC	ATION (City, town, ar caunty) (State)
220 BJRIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOC	ATION (City, town, ar caunty) (State)
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOC	ATION (City, town, ar county) (State)  d Frederick Road Md.

ATTENDING PHYSICIAN: The law haspital ar detached far use y the haspital a may be retain y

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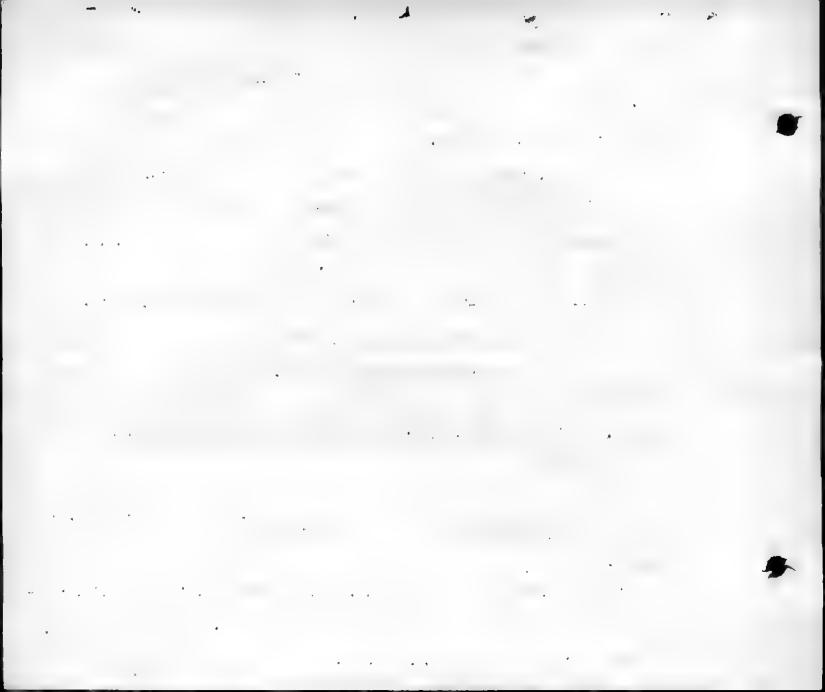
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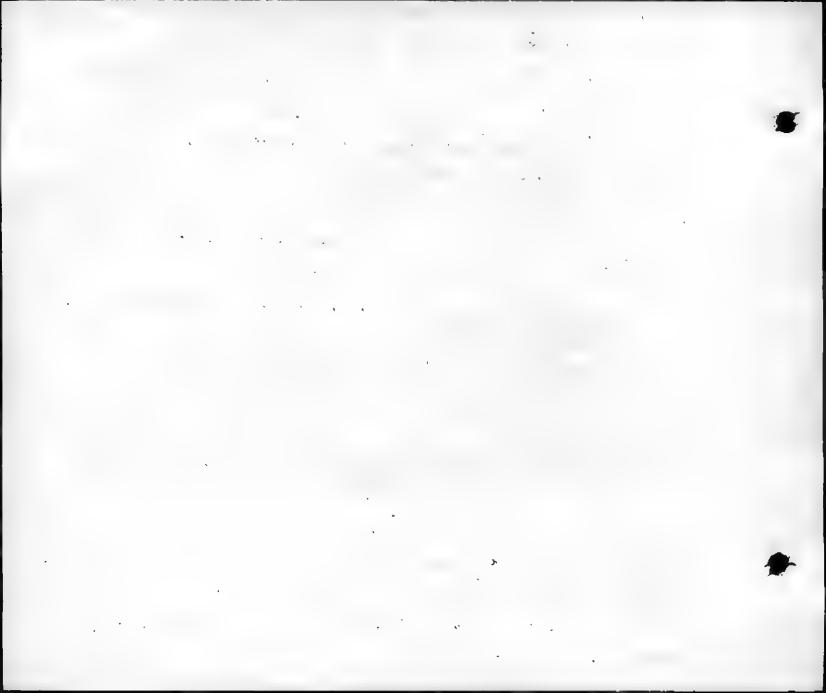
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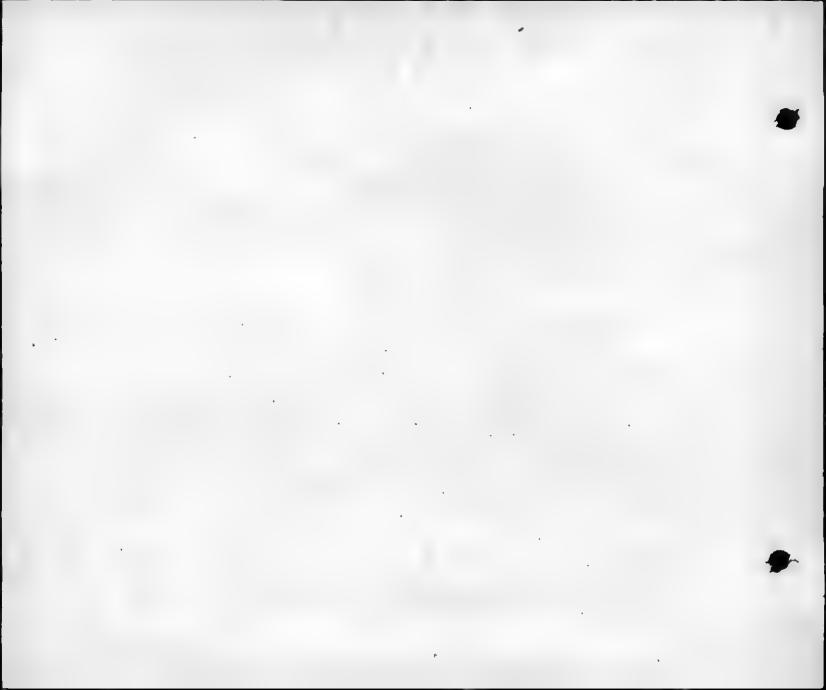
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HEALTH	DEPT.	-		11045							Dist. No.	
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è			NAME OF HOSPI	HAL OR INSTITUTION (	If not in hospita	il, give street addr	ress)	STREET ADDRESS				ON A FARM
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une toin eat		3.	NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE	Month	Doy	Year
Page 1			Type or print)	F	llizabet	h El	eano	r Brown	OF DEATH	October	9	19 59
0 to 5 to 5		5, 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8.	DATE OF BIRTH	9 AC	2 15 2 2		UNDER 24 HFS
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11047 CERTIFICATE OF DEATH Rea. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o STATE **b.** COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and gave aborest town) c. LENGTH OF STAY IN 15 c. CITY OF JOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME GOHOSPITAL (If not in pospital, give street address).

OR INSTITUTION 4 d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F NAME OF Middle 4. DATE Year Day DECEASED (Type or print) DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years los bir jedoy) Months Days Hours WIDOWED FT DIVORCED | 100. USUAL QCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 7. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working free even it retired) MRA11014 after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO nme 18 CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELAYED TO THEATERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSI PERFORMEDE 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature offiniury in Part 1 or Part 1Vof item 18.1 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not who of work Dal-work 21. I certify that I affended the deceased from that I last saw the deceased at death occurred at 7 M, from the couses and on the date stated above alive on. ADDRESS (Street, city or DATE SIGNED ACTUAL should stror pri PHYSICIAN'S NAME (Type) 220 BURIAL, CREMAZION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY. 22d LOCATION (City, lown, or county) poge 1050 9 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Calus & France VS A15 (4) 15M 10/57

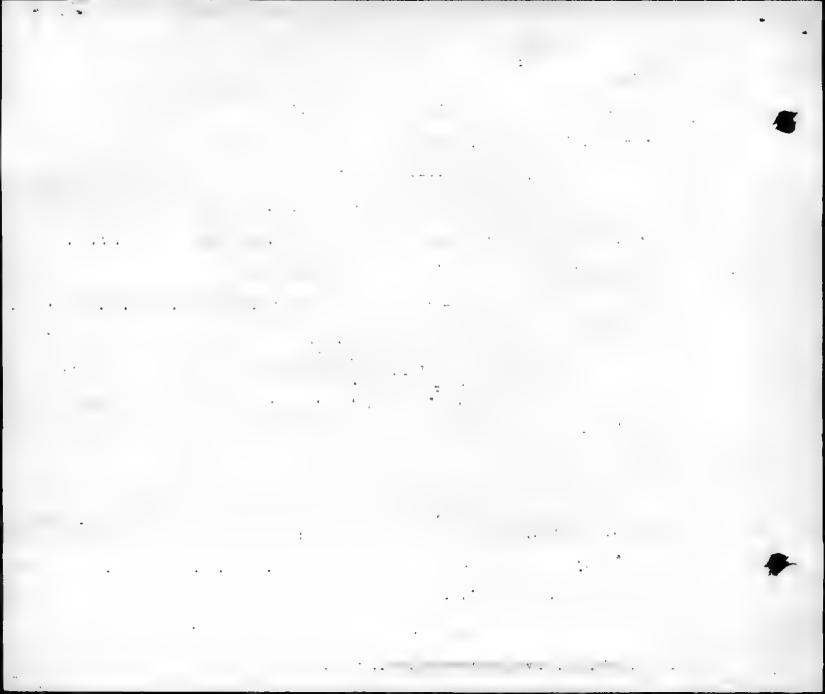


VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO TO Month Year 1959 October AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)
50 yrs. Months 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Clinical Records. VAH. BALTO. 18. MD. FT. HOWARD DIV. 48 HOURS INKNOWN UNKNOWN PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (Stote) (County) 21. I certify that toffended the deceased framOctober 12 , 19 59, to October 11, 19 59 HAKKISH XXX DECECTORIX ADDRESS (Street, city or town, stote) M.D. VAH. BALTO 18 MD FT HOWARD DIV 22d LOCATION (City, town, or county) (Stote) Reltimore National C Marvland 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** OCT 1 5 '59 Cirthury & Kraus Wm.Cook, BldghtSfine, 6009 Harford Rd. Cos. Balto

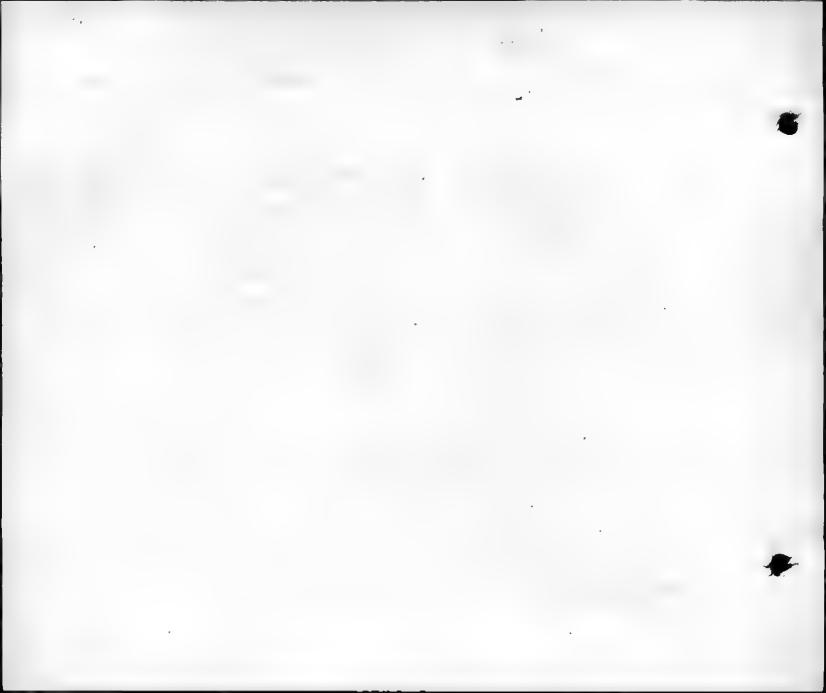


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may be retain the haspital or attending physician.

TO FUNERAL DIX, CIOR: After this cert ficate has been signed by the attending physic on and completely filled in by the funera page 3 shauld be detached far use as the burial-transit permit. Then please remave capban papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remaval, and in any event within 72 haury officer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR VS A15 (4) 1SM 9/58

110	ng CERTIFIC	AIE OF DEATH	1	Reg	, Dist. No.
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WE O STATE Maryla	a b.	COUNTY	sidence before admission) Baltimore
b CITY OR TOWN (If outs de carporote lin RURAL and give nearest town) Dundalk	mits write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	· ·	its, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospitat, OR INSTITUTION 32 B	give street oddress) roadship	d. STREET ADDRESS 32 Bros			e. IS RESIDENCE ON A FARM? YES NO 🔏
3 NAME OF DECEASED (Type or print) FREDERI	First Middle R.	CARDONA	4. DATE OF DEATH	Oct. 7,	Day Year 19 59
5. SEX 6 COLOR OR RACE  Male White	WIDOWED DIVORCED	8. DATE OF BIRTH April 6, 187	7 82	birthdoy) Man	NDER 1 YEAR IF UNDER 24 HRS. This Days Haurs Min
100 USUAL OCCUPATION (Give kind of wark during most of working life, even if retire Mechanic- Retired 13. FATHER'S NAME	k dane ad) 10b. KIND OF BUSINESS OR INDI	Penna.		12	U.S.A.
John Cardona		14 MOTHER'S MAIDEN N	Goetsche		
IS. WAS DECEASED EVER IN U. S. ARMED FO	f service)	INFORMANT  'S. Ellda Potti		Address Broadshi	.p
PART I. DEATH (Enter only one of PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE DUE TO Canditions, if any, which gave rise to immediate cause (o), stating the under-lying couse lost.	(6) Pepsei U	en en			INTERVAL BETWEEN ONSET AND DEATH
DIAbetes Me.  20a. ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HO TIONS CONTR BUTING TO DEATH BUT TO SEATH BUT TO BEATH BUT TO BE BUT TO BEATH BUT TO BEATH BUT TO BEATH BUT TO BE BUT T	c-v Sion	i -(3)/L	ender	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
20c TIME OF INJURY Month, Day, Y Hour o.m. 19	While Not while	E OF INJURY (Hame farm actory street, affice bldg., etc	20f. (City ar town	٦)	(Caunty) (State
21. I certify that I aftended the alive an Oct-6  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) M.B.D.	F-0		/	ouses and an	I last saw the deceased the date stated above DATE SIGNED
Page 10/9/ 55	9 Oak Lawn C	or CREMATORY	Colgate,	Md.	
23. Funeral director's signature Ullrich Funeral Home	ADDRESS	24o. REC'	- 100	24b. REGISTRAR	'S SIGNATURE



TO FUNERAL,

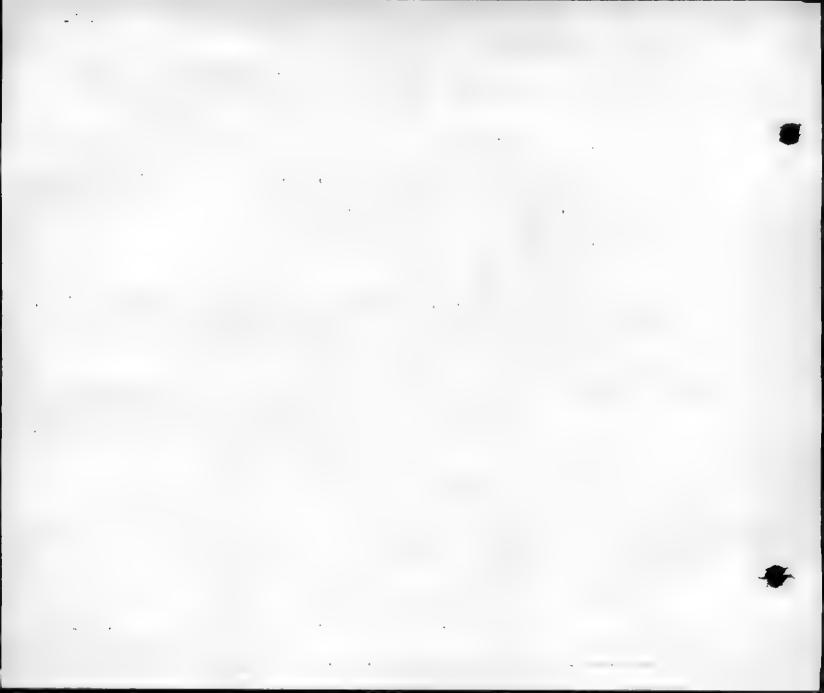
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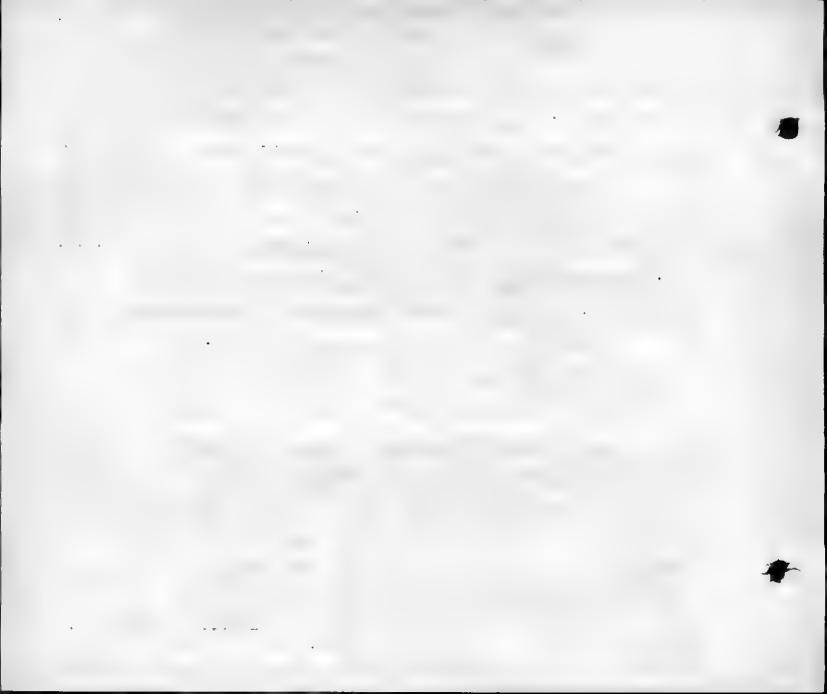
1		PLACE OF DEATH O COUNTY	Baltimore	MARY		a STATE	CE (Where deced	sed lived If institut b. COUNT		
	(	RURAL ond give		c. LENGTH OF STAY	IN 16	c. CITY OR TOW	/N (If outside cor	porote limits, write	RURAL ond give ne	agrest lown)
		Wood	Lawn PIAL (If not in hospito), give str	ent oddress		d STREET ADDI	dlawn			e IS RESIDENCE
		OR INSTITUTION	1 Summerfiel					eld Road		ON A FARM? YES NO X
		NAME OF DECEASED	First	Middle		Lost	4. DATE			ay Year
		(Type or print)				ITER, SI	R. DEAT	0000	T	
	5. 5	Male		ARRIED NEVER MARRI		April 8.	1888 188#	9. AGE (In years lost birthdoy)	Months Days	Hours Min.
	10a		ION (Give kind of work done)	hand	R INDUSTR			1970		F WHAT COUNTRY?
		Pipe We	orking life, even if retired)			Virg		,,	US	
1	13	FATHER'S NAME	eiuer			14. MOTHER'S MA			0.5	Α
1		Amer J Home	Unknown			14. MOTHER J MA	Unkno	wn		
_	15	WAS DECEASED EN		16 SOCIAL SECURITY NO	INF	DRMANT		Ade	dress	
	[Yes	Yes	(If yes, give war or dates of service)	577-05-7793	Ne	ttie Mav	Carpen	ter- 11 S	ummerf	ield Rd.
	_		EATH [Enter only one couse po							ERVAL BETWEEN
			EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)			EROTI	c He	ART DI	KEASE	SET AND DEATH
		420.0	4			, , , , , , , , , , , , , , , , , , ,				+
		Conditions, if	ony, which ) (bl							
		gove rise to couse (a), stating	immediate Due 70							
		lying couse lost								
	NOI	PART II O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	E TERMINAL DISE	ASE CONDITION G	VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	ICAI									YES NO EL
	CERTIFICATION	JOR CONTRIBUTIN	VAS UNDERLYING []   20b.   IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY O	CCURRED.	Enter noture of in	jury in Part I or P	ort II of item 18.)		
	Q.A.L	20c. TIME OF INJU	JRY Month, Doy, Year 20	d INJURY OCCURRED	20e. PLAC	OF INJURY (Hom	e form, 20f (C	ily or town)	(County	) (State)
	MEDICAL	Hour o.m	10	nile Not while work	factor	y, street, office blo	dg., etc.}			
			that I attended the dec	eased from	NE	, 1959, 1	· OCTOB	ER 1953		w the deceased
		alive an	10-9-1	9 59 and that	death o		15P M. from			e stated above.
		U	0.01	[0]	1			(Street, city or lown		DATE SIGNED
		ACTUAL SIGNATURE	musol Pole	unenter a	M.I	21046	FLOYUX	1 OAK A	UE	10-11-59
/			The state of the s							
		PHYSICIAN'S S	AMUEL BU	UMENFELI	M. 1	). BA	LTIMO	RE /	MARYL	120
	220	BURIAL, CREMATI	ION, 22b. DATE THEREOF	22c. NAME OF CEM			22d. LOC	ATION (City, town,	or county)	(Stote)
		Burial Specif		Woodlaw	n Cer			oodlawn	Mar	yland
	23	FUNERAL DIRECTO	PSSIGNATURE	ADDRESS		24	OCT 13	STRAR 246. REG	STRAR'S SIGNATI	IRE
	E)		Armacost-460	0 Liberty H	ghts.	Ave. DA	OCT 1 3			



agse exer- should be	emation,	į.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is researcy, pleas cute the certificate, writing the ward "Dending" in pencil in III. Give Pages 1, 2, and II to the funeral direct pages 4 should be a	forwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.  TO FUNERAL FORECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1-and 2 with the registrar prior to burial, cremation	
dire	files. or priar to	
If ony de	far yaur the registr	
er death.	of retained and 2 with	
t havrs off	e 5 may b	
within 24	PM3. Pag mit. File	
a executed in I≣m 18	vith farm transit per	
shauld be in pencil	e olang v	
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VER: This	cal Examin 3 shauld b	
L EXAMIN	hief Medi	
MEDICA	SA CECTION	
Cute the	forwarde FUNERA	or removal.
V5. A	LISME(	5)

5M 9/55

			MARYL	AND S	TATE DE	PARTME	NT OF HEALT	H-BA	LTIMORE, 1	8	4 4	
		-	ME	DICA	LEXAN	AINER'S	CERTIFICA	TE OF	DEATH	1	101	.)
	_		11150							Reg. Dist.		
1		PLACE OF DEATH					2. USUAL RESIDENCE (	Where deced	ned lived. If institution	bni Residence	before adm	ission)
		2/4	LTIM	414	,	MARYLAND		land	B. COONITE	Baltin	nore	
/		<ol> <li>CITY OR TOWN (If ovlaide to and give negret fown)</li> </ol>	rparate limits, write	RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (	If outside cor	rparate limits, write R	URAL and giv	re nearest la	wn)
			Md.		life			rks (	rural)			
	-	J. NAME OF HOSPITAL OR II	NSTRTUTION (I	f not in hosp	ital, give street	oddress)	,d. STREET ADDRESS		,		e. IS R ON YES K	A FARM?
	3.	NAME OF DECEASED / /	* K Fin	4	f Mid	ldle	Lost	4. DATE	Month	D	lay '	Year
		(Type or print)	11/1/11	1 ~	Ohn	CAI	ナロスム	OF DEATH	OCT.	2	1	1959
	5. 9	EX 6. COI	OR OR RACE	7. MARRIE	NEVER M	ARRIED [ 8.	DATE OF BIRTH			FUNDER TYE		ER 24 HRS
	M	lale Wh	ite	WIDOWED	DIVO	RCED 🗀 🗀	5-8-1927		32 yrs.	Months Day	s Hours	Min.
	10a	. USUAL OCCUPATION (Give	kind of work	lone 10b. K	ND OF BUSINE			e or foreign :		12. CITIZEN	OF WHAT	COUNTRY
		luring most of working life, e arm operator			Farm		Maryla	nd		Т	J.S.A	
		FATHER'S NAME			A CAM 113		14. MOTHER'S MAIDEN				<del>, 110 111</del>	•
		W. Curtis	Carro	וו			Virgin	ia Li	າກດ			
	15.	WAS DECEASED EVER IN U.	S. ARMED FOI	CES7 16. S	OCIAL SECURIT	Y NO. 17. IN	FORMANT	11.00 100	Address			
	[7-00.	no, ar unknown) (If yes, gir	e war or dates of s		0-36-1	232 N	arv Patri	cta K	one Carr	011	ah	ove
		18. CAUSE OF DEATH Ente					ary ravit	CIA II	One Carr		NTERVAL BETWONSET AND DE	
		PART I. DEATH WAS		F			Tien- Ac	1.00	7% a. 1		INSET AND DE	
		914.1			ATL	7 4 0 6	/ / 1 / Y = // C	C1-4-1	N F B L		4/03	INNI
V		Conditions, If any, whi	OT 3UD									
		gove rise to immediate cou	se (									
		(o), stoting the underlyic										
	z		J (c).	DITIONS CO	ATRIBUTING TO	DEATH RUT N	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIVEN	LINI PART 1/a	VI10 W/AS	AUTORCY
٩	CERTIFICATION	77441 14 01110		***************************************	11	DEHILL DOT TO	OT RECOILE TO THE TERM	WI AVE BIDEVE	T COMBINON ONE	A HA LWK! HO	PERFO	DRMED?
	PIC	20a EXTERNAL CAUSE WAS	20	DESCRIBE	MOW INITIBY	ACCUBRED (E.	iter nature of injury in Po	-1.1 011	1 -6 % 30 %		YES 🗌	NO 🖪
	FRT	20g. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTION CAUSE OF DEATH.	NG 🗆		, L	_					1	
			onth, Day, Yea		WY LW		SILO WIT	17 17 CI	haryed E			
	MEDICAL	Hour	1	While	Not while	facto	ry, street, office bldg., et	1.3		(County)		(State)
	×	Pe me	10/2 195						PATKS -			Md.
		21. I certify that I to	_				•	sy 🔲, i	nspection 🖅	Inquiry [	, and	find the
ĺ		death resulted from:	Natural (	auses _	, Acciden	Suic	ide 🔲, Homicid	e 🔲, U	ndetermined co	Use .		
			2								DATE	SIGNED
		SIGNATURE (	11. 7.	ren	سيب		M.D. CHIEF MEDICAL E	XAMINER _	]		/ I	i
		EXAMINER'S	7 ~				ASSISTANT MEDIC	CAL EXAMINE	ER 🗍		0/3	159
		NAME (Type)	T. 11.		TNIE		DEPUTY MEDICAL	EXAMINER (	7			
	220		DATE THEREO		2c. NAME OF			22d. LOCA	TION (City, lown, or		(\$10)	e)
			)-5-19	59			hodist			arks	Md.	
		FUNERAL DIRECTOR'S SIGNA					4 , MC 240. REC	D BY REGIST	TRAR 246. REGISTS	RAR'S SIGNA	TURE	
		Brooks Funer	ar se	rvice	022	York	Hoad DATEGO	T 7.5	9 Circh	un I the	عبده	



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)			1105		CEKII	IFICA	AIE OF	DEATH			Reg. D	ist. No.		
Ĭ	1. 6	LACE OF DEATH	imore		MARY	YLAND	2 USUAL RES	Maryla:	_	lived. If institution b. COUNTY	ani Reside	nce befo	re odmiss	ion)
	t	C TONSV	foutside corporate limi grest fown) IIIC		c. LENGTH OF STAY Lyr5nth5dy			timore	tside corpa	rale limits, write R	URAL and	give ned	rest lowr	1)
Ĺ	١.	OR INSTRUCTION	AL (If not in hospital, g	HCSI			d. STREET 1802	ADDRESS Eutaw	Plec	е				FARM?
		NAME OF DECEASED Type or print)	Hugh		Middle W.		Carter		4. DATE OF DEATH	Mon Oct	ober	15	3	Yeor 19 59
		nale	white	WIDOWE		DΙΩ		14, 18		P. AGE (In years lost birthday)  (1) yrs.	Months	Days	Haves	ER 24 HRS. Min,
-,		during most of work	N (Give kind of wark ing life, even if retired OOT	done 10b. I	KIND OF BUSINESS C	OR INDU:	M	larylan	d	auntry)	12. C		F WHAT	COUNTRY
		father's name Unkno					Un	's maiden na iknown	AME					
	{Yes		R IN U. S. ARMED FOR HI yes, give wor or dotes of s	ervite)	nknown		ords: S	PRING	CROV	E STATE		::IIT	L	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I DEATH WAS CAUSED BY INfarctive myocardial fibrosis  (MMEDIATE CAUSE (a) Infarctive myocardial fibrosis  Conditions, if only, which (b) Arterioscle rotic cardiovascular disease with hypertensic gave rise to immediate (cause (a), stoling the under )  DUE TO							DEATH							
2	CERTIFICATION	PART II OTH	) (c		ONTRIBUTING TO DE	ATH BUT	NOT RELATED 1	O THE TERMIN	IAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING     CAUSE OF DEATH   MEDICAL EXAMINER	206 DESC	RIBE HOW INJURY C	OCCURRE	D. (Enter nature	of injury in Pi	art I ar Pari	I II of item 18.)				
	MEDICAL	20c, TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye 19	While	Nat while at wark	fo	ACE OF INJURY clory, street, offi	ice bldg., etc.)				(County)		(State)
1		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	or I attended the Detober 15	Rai uskas	59, and that auska 5, N. D.	t death	occurred a	9:20a RING atonsvi	M, frances (Signature) GROVE	8, Haryl	ind on state)  HER	the do	te state	
		BURIAL, CREMATIO REMOVAL (Specify) BURTAT. FUNERAL DIRECTOR'	10/10/5	9	Fairmo		Com			IION (City, town,			(Stat	e)

DATE OCT 21 '59

allen S. Kraus

may be retained by the hospital or attending physician.

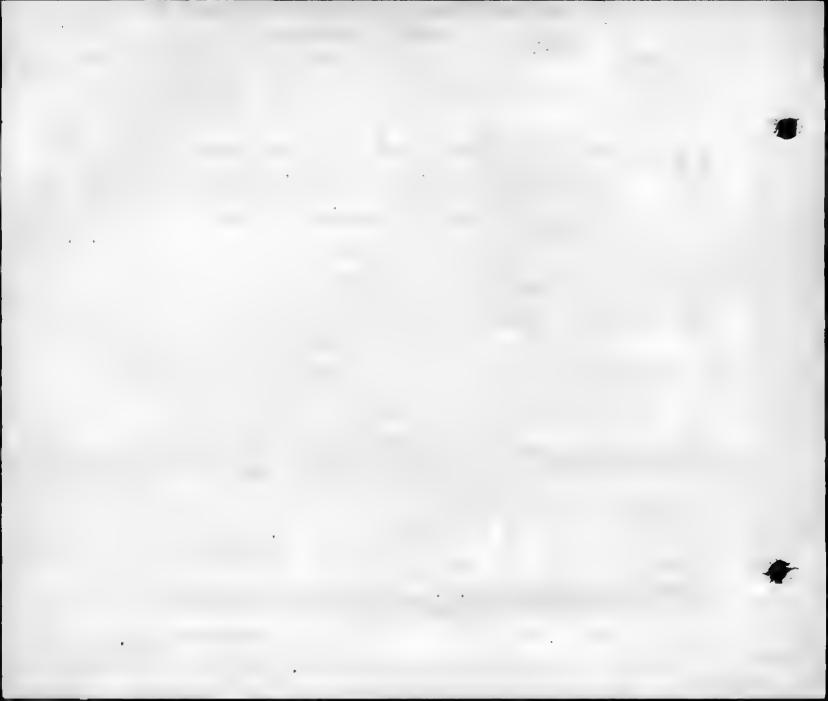
O FUNERAL 1. TIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shaulay a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be retained TO FUNERAL F

F

ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours

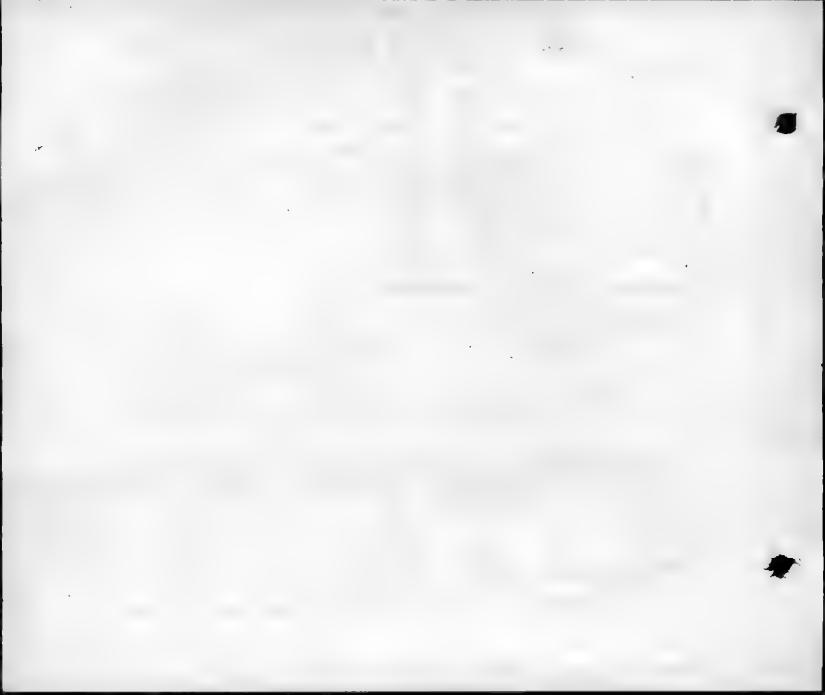
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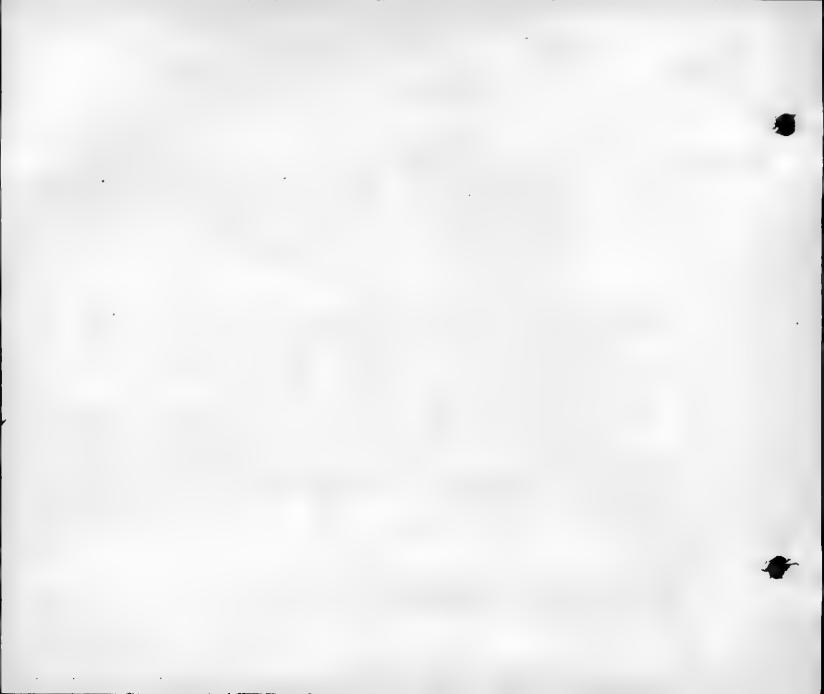


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Ro.		irect	700	0
The second of th		OR: After this certificate has been signed by the attending physician and campletely filled in by the inneral director.	3 shauld be Jetached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	
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	be retained the hospital or attending physician.	ZER)	3	Soich

	11052	CERTIFICATE OF I	DEATH	Reg. Dist. No.
	1. PLACE OF DEATH COUNTY Balto	MARYLAND 2. USUAL RESI		finishippion. Residence before admission) COUNTY  Balto
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	55° T.	TOWN (If outside corporate limit	s, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree or institution 307 West	ellen Rd. 130	Westelle	n Rd estidence on a farm?
	3. NAME OF DECEASED (Type or print) Ly/e First	H. Caralien	OF DEATH	Oct, 29 195
	male white willow	RRIED NEVER MARRIED B. DATE OF BIRT	3,1884 75	rihdoy) Months Doys Hours Min
1		Salesman V	Vest Yirain	12 CITIZEN OF WHAT COUNTR
	Robert Cavalier	Car	ry Camm	enon
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 11(Yes, no or unknown) III yes, give wor or doles of service) U.S. 3/17/04-3/16/07/2	S SOCIAL SECURITY NO. 17. INFORMANT 216-69-52739 Mrs. Virg	inia Moelle	r-1307 Westellen Rd.
	TIB. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	line for (a), (b), and (c)]  ANCINOMA GACES	ding Color	WITH INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) (b) 1.	Moration and	miclastases	t 8 Mouther
	gove rise to immediate couse (a), stating the under-lying couse lost.	cute Heart kaikur	e Alsemi	illeses
ng.	CATIO	CONTRIBUTING TO DEATH BYT NOT RELATED TO	) THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 2
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (Enter nature of		
	Hour a.m. Whil		Home, form, 20f. (City or town)	(County) (State)
	21. I certify that I attended the decedative an 2. 2. 10.	sed from 20 March, 19.59	11 4 5 10	1952, that I last saw the decease
	SIGNATURE JOSEPH &	Muse Sono 27		or look, state) St. (DATE SIGNI
1	PHYSICIAN'S VOSEPHE	MUSEJR 2	725 N. CHA	IRLES St (18)
	Bremoval (Specify) 1/2/59	22c NAME OF CEMETERY OR CREMATORY	22d. LOCATION (CIT	(stole) (Stole)
	23 FUNERAL DIRECTOR'S SIGNATURE John T. Stanshwry-64	11 Windsorm. 41Rd	240, REC'D BY REGISTRAR 2 DATE NOV 3 '59	the REGISTRAR'S SIGNATURE Colling & Krand
	1			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





Merial, CREMATION, 226. DATE
MEMOVAL (Specify)

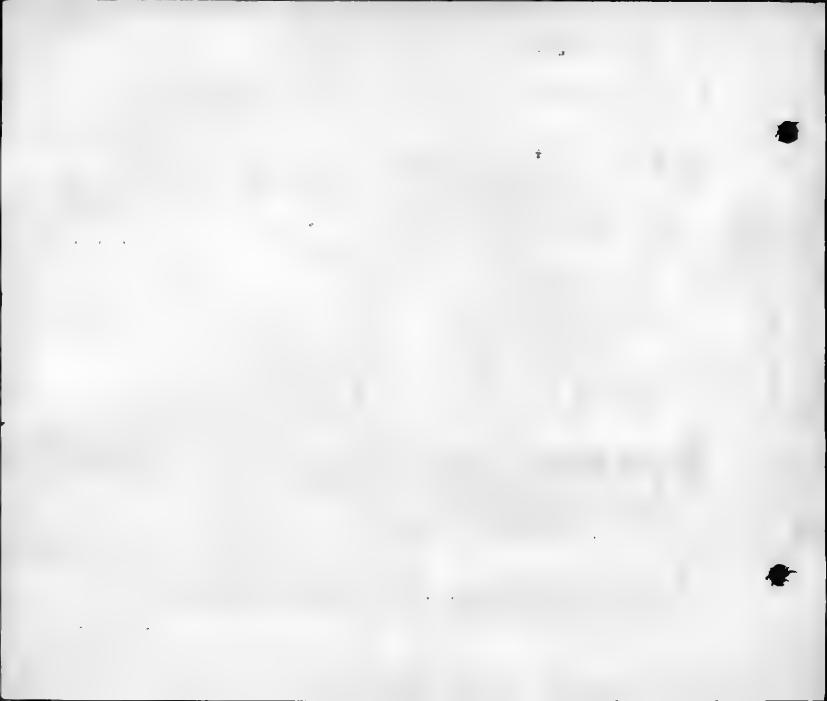
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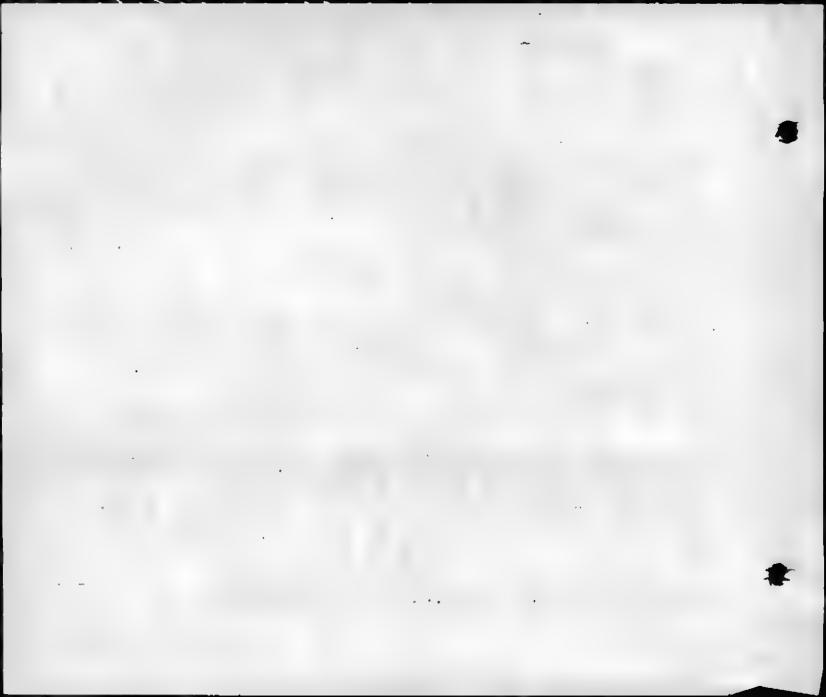
23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

54	CERTIF	ICAT	E OF [	DEATH	1			Reg. D	ist. No		13
		l II	USUAL RESI				If instituti	900		-	•
	MARYLA		Maryland Prince George C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
e limits, write	c LENGTH OF STAY IN				*		its, write R	URAL ond	give ne	grest low	n)
	lyr3mthldy				Maryla	ina		1	X -	du.	
itol, give street	oddress)		d STREET A			973				e. IS RE	SIDENCE A FARM?
TE HOS	SPITAL		В	lock	Bridge	, Ko	ad				] NO []
First	Middle	-	Los		4. DATE		Mor	nth	Do	у	Yeor
		U <sub>O</sub> ,	cannon		OF DEATH	1	0.0	ctobe	r. 1	5	19 59
ACE 7. MARE	RIED 🔲 NEVER MARRIED	8. 0	DATE OF BIRT			9. AGI	(in years birthday)			-	ER 24 HRS
WIDOWI	DIVORCED		1892	?		6	yrs.	Months:	Days	Hours	Min.
work done 10b.	KIND OF BUSINESS OR	INDUSTRY	11, BIRTHPI	LACE (State	or foreign c	ountry)		12. C	TIZEN C	DE WHA	T COUNTRY
etired)			V	irgin	ia			Ιt	J. S	. A.	
		- 1	4. MOTHER'S							-4	
Unknown											
FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANY Address											
ios of service)	Inlmown	Rec	ords:	SPRII	IG GF	ROVE	STA	TE I	HOSP:	TAT.	
		1000	V1 401	V 1111	10 04						ETWEEN
ne couse per line for (o), (b), ond (c) ]  BY:  Cerebral vascular accident											
SE (o)	celeptar va	SCUIB	r acc.	raene							
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(D)	Arterioscle	10.010	; caru.	LOVASC	urar	al se	ase				
JE TO	0										
17/	Gene raliz ed										
CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERM	INAL DISEAS	E CON	ITION GIV	EN IN PA	RT 1(o)	19 WAS PERFO	AUTOPSY DRMED?
										YES [	NO 🍱
ATH NER) 206. DES	CRIBE HOW INJURY OCC	CURRED (	Enler noture o	of injury in	Port I or Por	rt II of it	em 18.)				
White	NURY OCCURRED 2 Not white		OF INJURY I			y or low	n)		(County)		(Slole)
		Tr 72	10 50	. Am	Cct.	15	10 59	) ab a 1	last a		
the deceased from July 13, 1959, to Cct, 15, 1959, that I last saw the deceased											
19. 52, and that death occurred at 12:250M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED											
files it is a second control to control to											
MD. SPHING GROVE STATE HOSPITAL 10-30-59											
Wachsl	er, M. D.		Cat	ons vi	lle 28	3, M	aryla	nd		t the life the till you w	
EREOF /	22c. NAME OF CEMET	ERY OR C	REMATORY		22d LOCA	TION (C	ity town,	or county)		(Sto	te)
31/50	7 Cothe	LIS	el-		43	00	OCK	d	ud	er	celo
/ /	ADDRESS	2	44	249. REC'	D BY REGIS	TRAR	24b REGI	STRAR'S S	IGNATU	RE	

VS A1S (4) 15M 9/\$5





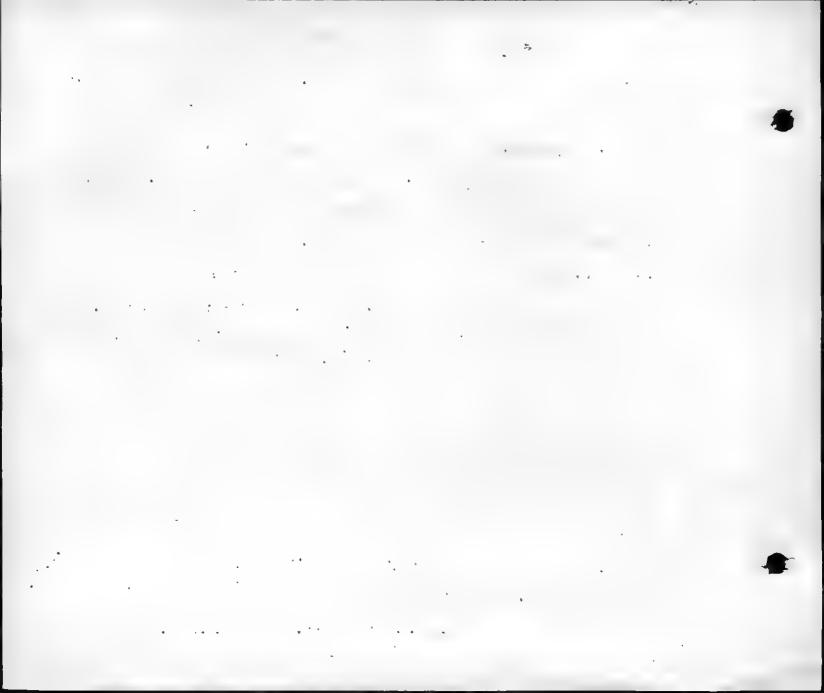


		220	UG								Keg. Uli	ST. NO.		
1. PLA	CE OF DEATH				2	USUAL RESIDENCE	E (When	re decease		Institution	n: Residen	ce before	e odmissio	m)
u	Baltimo	re		MARYLA	ND	Md.			D. C.	OUNIT	F	Balti	imore	1
j b. c		outside carporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	l (If au	tside carp	orate limits,	write RU	RAL and	give near	rest fawn)	
	one one give nee	Total Turning			×	Woods	1001	r Z	one 7					
d. N	NAME OF HOSPITA	L (If not in hospital, o				d STREET ADDRES	SS					0	IS RESID	PENCE
	1002 N	Shady Noc	Rd.	ma	1 '	3615	Kes	ston	Rd.				YES 🔲	
3. NA	ME OF	Fir	st	Middle		Losi		4 DATE		Manil	0	Day	Ye	or
DEC (Typ	CEASED se or print)	MAR	GA RET	V.	60	NNER		OF DEATH	1	Oct		13		59
s. SEX		6 COLOR OR RACE		IED NEVER MARRIED		ATE OF BIRTH			9 AGE (	n years	IF UNDER	1 YEAR		
	female	white	WIDOWE		- 135	£ 15. 189	98		61	thday) yrs.	Months	Days	Haurs	Min
0o. U	SUAL OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY		State of	r foreign (	country)		12 CITI	ZEN OF	WHATCO	UNTRY
D.	Homema!	ng`life, even if setired		***		Md.								
3. FAT	THER'S NAME	102			1-	. MOTHER'S MAID	DEN NA	ME						
	Dominio	M. Larki	n			Marga	aret	t. Box	rl e					
S. WA	AS DECEASED EVER	IN J. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	INFO	MANT	<u> </u>	0 103	alla W	Addre	188			
(Yes, no.	no unknown) (If	yes, give wor or doles of s	et.Ascel		Mrs	Homer G.	Cor	ייסמו	- 361	K Ke	ston	Rd.		
118		W [Enter only one co	use per lie	ne for (a), (b), and (c).]	444 0	TOMOT G	001	mer		J 1191	2.0011		RVAL BETY	WEEN
1.0		H WAS CAUSED BY	C	a to top, top, and tep.	,00	Carcine			1-50	RIA	100.		ET AND D	DEATH
	181.0	IMMEDIATE CAUSE (o	/	mamous "				- "	- The	y ·a	XXE	4-	34	Ras
	707.0	DUE TO	· l	www,	mi	Rasta	26	200					0	
	Canditians, if on; Jave rise to im		)											
	ause (a), stating th													
	ying cause lost.	) (c	:}											
\[\frac{1}{2}\]	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	H BUT NO	RELATED TO THE T	TERMIN	IAL DISEA	SE CONDIT	ON GIVE	N IN PAR	T 1(a) 19	PERFOR	LTOPSY MED?
<u> </u>													YES 🗌	№ 🗌
20d Signatura	a ACCIDENT WAS R CONTRIBUTING [ EITHER, NOTIFY W	UNDERLYING  CAUSE OF DEATH CAUCAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED (E	nter nature of injur	ry in Po	nt Lar Pa	et II of item	1B)				
204	TIME OF INJURY	Month, Day, Ye	ar 20d. 1N	JURY OCCURRED 20		OF INJURY (Home,		20f (Cit	ly or town)		((	Caunty)		(State
	Haur o.m.	19	While at wark	Nat while	tectary	street, affice bldg.	., etc.)							
		t I standad the	donone		2.05	7 1959 to	12	2	10-1	105%			the de	
1.		it I attended the	uecease	-0	1		0	ع م	•		hat I la			
01	live an 12		. 12	and that d	eath ac	curred at_/	* .		the cau Street, city o			e date		abave SIGNE
AC	TUAL	11 Din	14	EMMING	N	60,111		FF 4 /	u	lan	ruiej	1	40	7
SIC	SNATURE C	uce ST	7	The state of the s	/ M.D.	00/ V	en	, ~~	<u> </u>				7.0	
PH NA	IYSICIAN'S E	MILIT 1	HEN	INING DI	2 M.	0	60	14	LINA	NS	W	AY	(2	9)
2a B.	JR AL, CREMATION	- 4- 0 1-1-	OF .	22c NAME OF CEMETE	RY OR CR	EMATORY	2	22d. LOC/	ATION (City	, tawn, o	county)		(Store)	
В	urial	10/16/59		Balto. 1	Vatio	nal Cem.		Ba	lto.,	Md.				
13 EUN	VERAL DIRECTOR'S	SIGNATURE	(1,1	ADDRESS 2	TNI	7 // 240.	REC'D	BY REGIS			TRAR'S SIG		E	
v 1	Me + VI	(Elbruid	7 4	cus - Noc	. 0/	ME DATE	ECT 1	6 '59		Chilim	1 8. 18	Home		

may be retained the haspital or ottending physician.

D FUNERAL DIR A OR: After this certificate has been signed by the ottending physician and completally filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 thouse the teath. death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF A STANDARD AS A

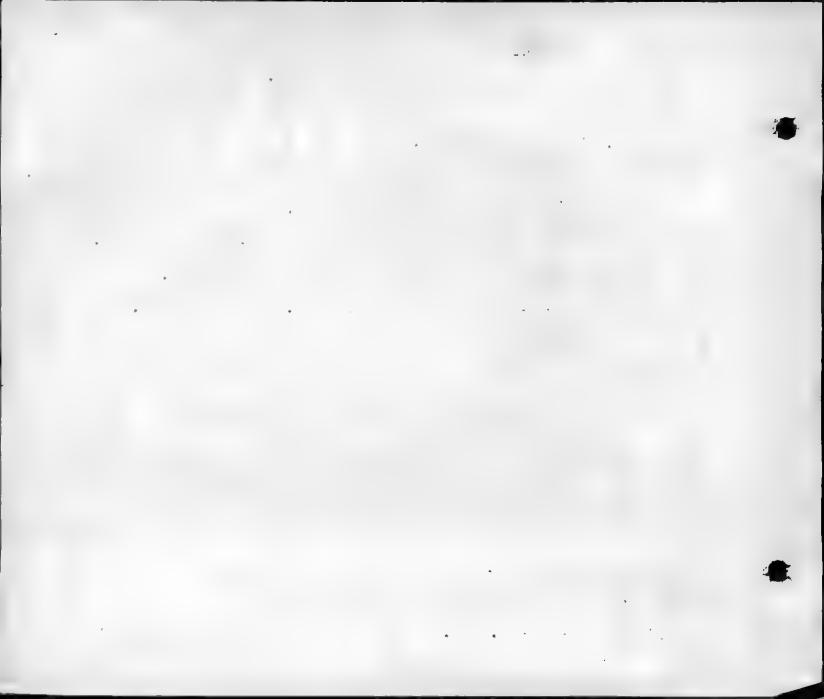


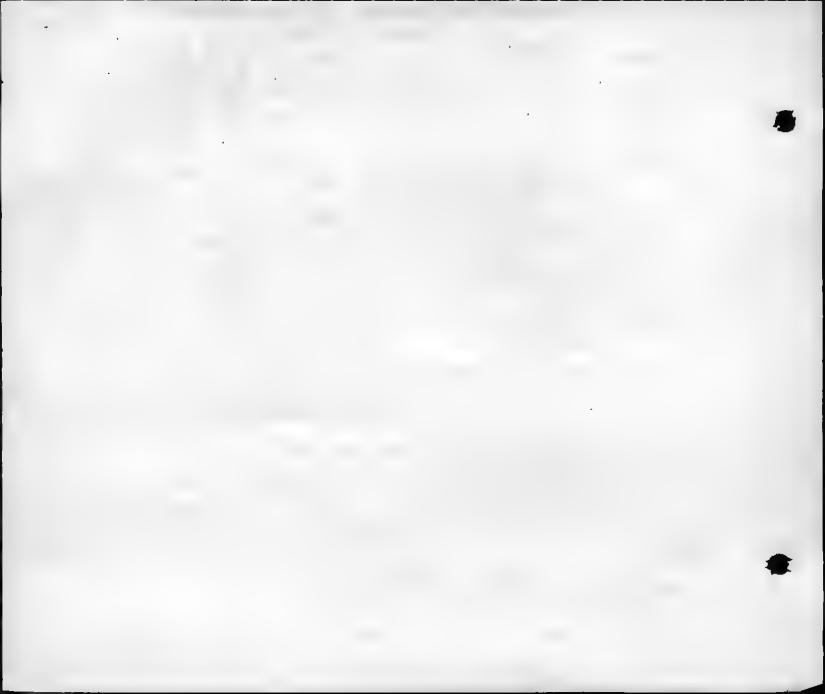
## FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negrony, please execute the content of case, writing the word "pending" in pendil in 18m. 18. Give Pages 1, 2, and 3 to the funeral of for. Page 4 should be sarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIE STOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 1 10

		**	11058	ICAL EXAMINER'S	S CERTIFICA		11023 J. Dist. No.				
4	1. 9	COUNTY BE	altimore	MARYLAND	2. USUAL RESIDENCE (	Where deceased lived. If institution, P b COUNTY BE	esidence before odmission)				
		Eastwo	ood		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Eastwood**						
	d		OLd North	r in hospital, give street address)  Point Rd.	d STREET ADDRESS	7 S. Old North	Pt.Rd ON A FARRY				
		NAME OF DECEASED Type or print)	JOHN	FRANCIS	COXON.	4. DATE OF October	29 Yeo59.				
	5. 5	Male	White w		March 14,1	878 1 81 yrs. Mont	DER TYEAR IF UNDER 24 HES hs Days Hours Min				
\	10a.	USUAL OCCUPATION Retire	g life, even if retired)	106 KIND OF BUSINESS OR INDUS		or foreign country) 12	CITIZEN OF WHAT COUNTRY?				
1	13.	FATHER'S NAME			14. MOTHER'S MAIDEN						
1		and the state of t	ois Coxon			e Hallworth.					
	15. (Yes,	NO NO	ER IN U. S. ARMED FORCES (If yes, give wer or defea of service	0)	harles F.	Coxon Same					
	18 CAUSE OF DEATH (Enler only one couse per type for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  IMMEDIATE CAUSE (b)  DUE TO  IMMEDIATE CAUSE (c)  DUE TO										
		Conditions, if an gove rise to immed (a), stating the scause lost.	liale cause								
U	CATION					AINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
		200 EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	JSE WAS NTRIBUTING (1)	ESCRIBE HOW INJURY OCCURRED (I	inter nature of injury in Pa	rt t or Part II af i(em 18 )					
	MEDICAL	20c TIME OF INJUR Hour o.m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not white at work at wark	CE OF INJURY (Home, for ory, street, office bldg., etc	m. (20f. (City or town)	(County) (State)				
		21. I certify th	ot I taak charge of	the remains described abo	ve, h <mark>eld an Autop</mark>	sy 🔲, Inspection 🔏 Inc	uiry 🐧, and 'n my				
		apinion death	resulted from: Not	yral causes . Accident	, Suicide,	Hamicide [], Undetermine	ed manner 🗍				
	SIGNATURE MEDICAL EXAMINER DATE SIGNED										
		EXAMINER'S NAME (Type)	JACK	C Collins	ASSISTANT MEDICAL		10.31-59				
	220	BURIAL, CREMATIO REMOVAL (Specify) Burial	11-2 -5	9. Mt. Carmel	Cemetery	5712 O'Donnell	St. BALTO, MD.				
	23.	FUNERAL DIRECTOR	SSIGNATURE 901	S COPINLING ST. BALTC. 24, MD	240. REC	O BY REGISTRAR 246. REG STRAR'S	S SIGNATURE				
	-	Afficial of Tigo	()	The state of the s		the same of the sa					

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





VS A1S (4) 15M 9/5B

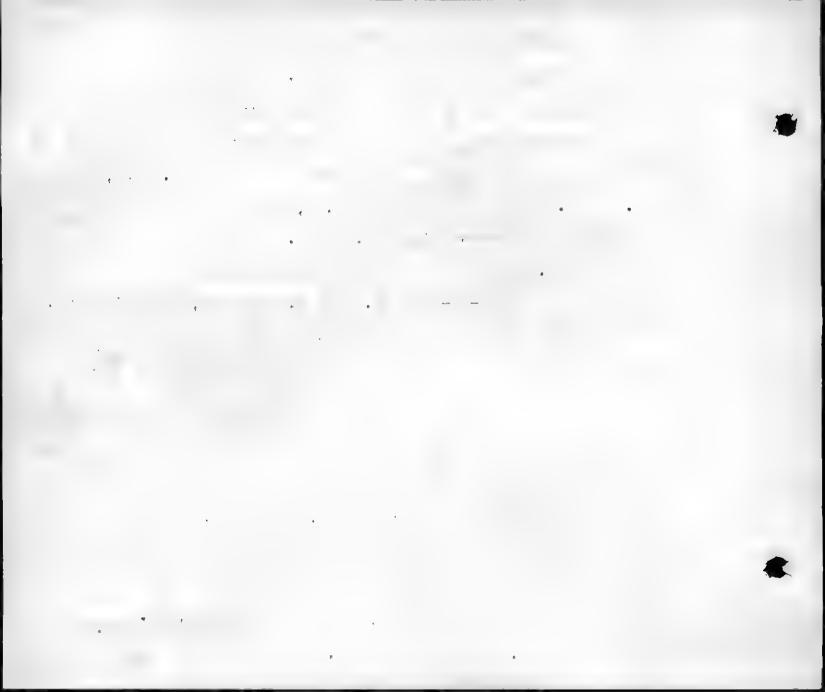
(	(
	1 PLA
	b.
X	d,
	3. NA DE
	S. SEX
***	10o J d
	13. FA

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIFICATE OF DEATH

11025

9/	110	20	CERT	IFICA1	E OF DEA	ATH		ı	Reg. Dist.	-	114)
1 PLACE OF DEATH g. COUNTY	Baltimor	•	MAR	rland 2	o. STATE	•		. If institution: o. COUNTY	Residence	before adm	ission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town) Lansdown	its, write c.	LENGTH OF STAY		c. CITY OR TOWN	N (If outside co	•	nîls, wrîle RUR	AL and give	e regrest to	wn)
d, NAME OF HOSP OR INSTITUTION	2109 Sm1				d. STREET ADDRE		h Av	6			ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ida.	rst	Mad Middle	_	nport	4 DA		Month Oct.	25	Day	Year 19 <b>59</b>
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		opt.20	1924	last			EAR IF UN	DER 24 HRS 3 Min
during most of wa	ON (Give kind of work orking life even if retired or R	3	of Business C				gn country)			NOF WHAT	COUNTRY
13. FATHER'S NAME	John M.C	lark			14. MOTHER'S MAIN	DEN NAME y John	nson				
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FOR [If yes, give war or dates of	ervice)	CIAL SECURITY NO -12-2937		David B	.Daver	port	Addres 2109		th Av	70.
	EATH (Enter only one co EATH WAS CAUSED BY IMMEDIATE CAUSE (c	Car	or (o), (b), and (c)	1 OT	- CAE	CUM				INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if gave rise to cause (o), stoting	ony, which immediate g the under-	)								ABO 4L	UT 105.
Iying couse lost  PART II. O'  PART III. O'  20a. ACC-DENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS CON	HTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	TERMINAL D S	EASE CON	DITION GIVEN	IN PART 1	(a) 19. WA PERI YES [	FORMED?
	VAS UNDERLYING   IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY C	OCCURRED (	Enter noture of inju	ery in Part Lor	Port II of i	item 1B }			
ZOc. TIME OF INJU	10	ar 20d. INJU While of work [	Not while of work	20e. PLACI factor	OF INJURY (Home y, street, office bldg	e, form, 20f.	City or tov	vn)	(Cou	nly)	(Stote)
21. I certify to alive an	that I attended the  10, 125  William  WILLIAM	deceased 1, 19 5°		death o	12. 19.59, to coursed of 6:	30 AM, fro	m the c	1959th rauses and ity or town, sto VD-	on the c	late state	
220 BUR AL, CREMATI REMOVAL (Specif				Mano	rematory r Cemet	ery Ko	en bu	aby town	county)	(SI	iole)
23. FUNERAL DIRECTO			ADDRESS L Edmond	lson		REC'D BY RE-		24b. REGISTI	RAR'S SIGN		



11026

11060

CERTIFICATE OF DEATH

		I V					Keg. Dist.	NO.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Who o, STATE	ere deceases	d lived. If institute		before admission)	
Fal timore			MARYLAND	Maryland Bal timore					
b, CITY OR TOWN RURAL and give	(If outside corporate limit	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
KOKAL OILO GIVE	Overlea			X Overlea	1				
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street (	address)	d STREET ADDRESS				e. IS RESIDENC	
OK INSTITUTION	1.1	nmare	e Ave.	1007	l enmo	re Ave.		YES NO	
NAME OF	Fin		Middle	Last	4. DATE	Moi	nth	Day Year	
(Type or print)	Пэ	rrv	C es	Davis	OF DEATH	0c	+ 1	1959	
. SEX			IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 H	
		WIDOWE			260	lost birthdoy)	Months D	lays Hours Min	
Male	1 1 1 4 4 4		95	Feb. 28, 18	or foreign of	/ ()	12 CITIZE	EN OF WHAT COUNT	
during most of wo	orking life, even if retired)	100.							
Cler	K		P. R. R.	Baltimo		id.	U.	SA	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
	William H.	Day	ris	Cather	rine	V. Rale	y		
S. WAS DECEASED EV	FER IN U.S. ARMED FOR	CES? 16		INFORMANT			lress		
No.	(11 )000, \$10 1100 01 0100 01 01	7]	L7-07-7632  1fr	s. Bernard O'l	Brien	4407 G	lenmor	e Ave.	
	ATH [Enter only one co-	use per lir	ne for (o), (b), and (c).]			. 1		INTERVAL BETWEEN	
	ATH WAS CAUSED BY.		Canal	12000	WARRE	entions		ONSET AND DEAT	
420.0	IMMEDIATE CAUSE (o)				- Jacob Mary	- Marie M		- Portage	
,			0.0-	· 1.000 - +	1100	- 2 de	1000	9	
Conditions, if	immediate (D)		aran	to convoice	/ Dance	- Jus	www.	•	
couse (o), stoting	g the under- DUE TO		B. +	. 1 0	0	· On	01	7	
lying couse lost	_ (c)	-	unen	precentary		and )	20	1	
PART II O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEAS	E CONDITION GT	VEN IN PART I	1(o) 19. WAS AUTOP PERFORMED	
5								YES NO	
OR CONTRIBUTION	VAS UNDERLYING TO CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DE\$0	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in F	Port I or Por	t II of item 18.)			
	JRY Month, Doy, Yea	or 20d. (h		LACE OF INJURY (Home, form		or town)	(Co	unty) (SI	
Hour o. m.	10	While of worl		octory, street, office bldg., etc.	.)				
			01	A Am	101	111 60	<b>.</b>		
21. I certify 1	that I attended the	decease						saw the decea	
alive an	941-/	_, 1 <u>9_</u>	and that deat	h accurred at Z-2	M, fram	the causes ar	nd an the	date stated <mark>a</mark> ba	
	0'-	11	0			treet, city or town,		DATE SIGN	
ACTUAL SIGNATURE	Fores d'	KI	unes	M.D. 2623	2.	Moreus	went	17/10/1	
DALING LEGIS AND C		-							
PHYSICIAN'S NAME (Type)									
20 BURIAL, CREMATI		F	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCA	TION (City, town,	or county)	(Stote)	
REMOVAL (Specify Rurial	y)	1959	Paltimo					d	
3. FUNERAL DIRECTO		-///	ADDRESS		D BY REGIST	RAR 24b. REG	ISTRAR'S SIGN	NATURE	
Cuch	7	H	ann AB		_		Lug 8. 10	and a	
LASTINAL	LIMIANICA	M	7401 101	all har battle	1 9 '59				

may be retained the huspital or attending physician.

TO FUNERAL DE TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 faurs afterdeath. ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 14 haurs

V\$ A15 (4) 1SM 9/SB



Balto Cem

**ADDRESS** 

Balto.

24g, REC'D BY REGISTRAR

DATE

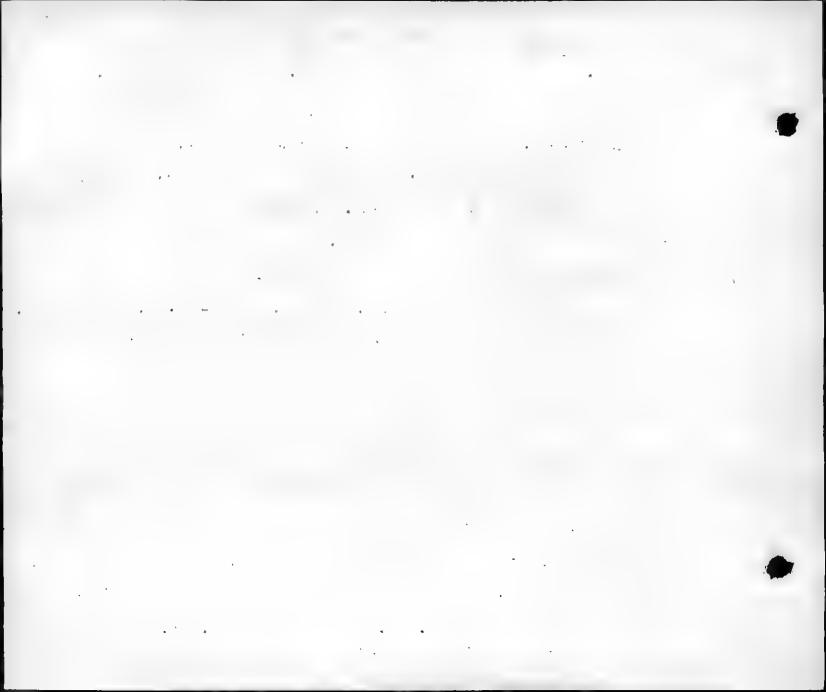
Md.

24b. REGISTRAR'S SIGNATURE

Chilling & Krana

2 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE



Ste. director, iled with 1. PLACE OF DEATH o. COUNTY be filed b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 shauld CATONSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Δ Puo .⊆ 3. NAME OF DECEASED (Type or print) 5. SEX 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) carbon printer de puo 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: ģ Conditions, if ony, which ] gove rise to immediate couse (a), stating the underlying couse lost. **burial-transit** 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Hour o.m. 21. I certify that I attended the deceased fram. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO FUNER 220 BURIAL CREMATION. poge REMOVAL (Specify) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Cirtimo & House DATE

deoth.

requires that the



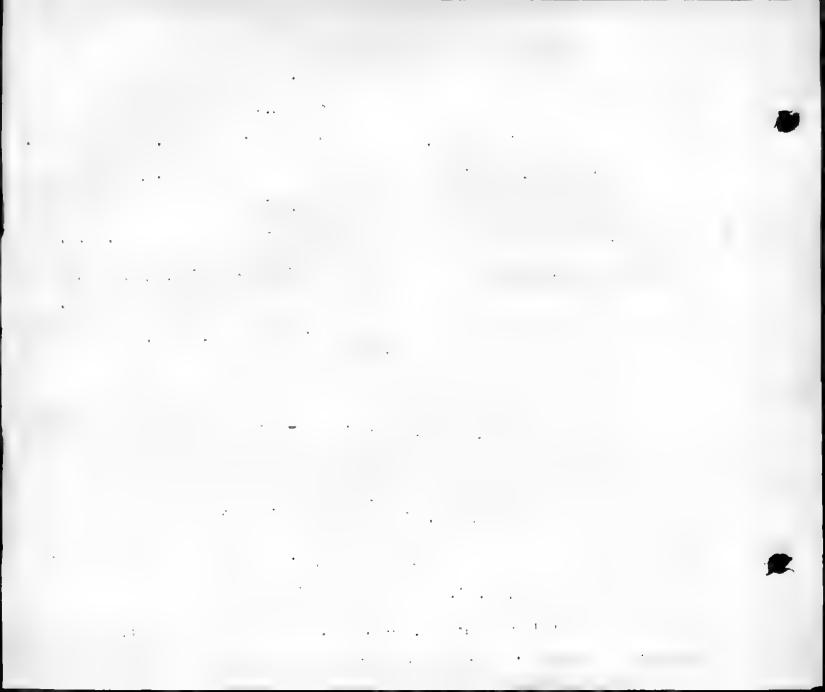
		MAKYL	AND 31/			TE OF DEATH		IIMOKE, I	0	110	29
		11063		CEKTIFI	CA	TE OF DEATH			Reg. Dist.	No.	
o.	ACE OF DEATH COUNTY	Baltim	ore	MARYLA	ND	2. USUAL RESIDENCE (Who d. STATE Md.	ere deceased	Lived. If instituted b. COUNTY	n: Residence Balti		sion)
	CITY OR TOWN (III RURAL and give no LI timore	f autside carporate limit carest lawn)	s, write c. LE	ENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If at		rate limits, write RL	JRAL ond give	e nearest tow	n)
d.	NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gi	ve street addres	*		732 Bee	chfie	eld Ave.		ON	SIDENCE A FARM?
DE	AME OF CEASED ype or print)	erbara S.		Middle	nir	Last	4. DATE OF DEATH	Mont Oct.	h	Day	Year 1959
SE		6 COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH July 22.18			IF UNDER 1 Y	EAR IF UND	
la I	USUAL OCCUPATIO		one 10b. KIND		]	IRY 11. BIRTHPLACE (Stole of Maryland	r foreign co			NOFWHAT	
all Y	ATHER'S NAME	Lorenc L	i mmen			14. MOTHER'S MAIDEN N	AME	Cohino	Bont	h a l m a	9.9
, W	AS DECEASED EVE	R IN U. S. ARMED FORCE	ES?   16. SOCIA	AL SECURITY NO.		FORMANT Louis Doering	ng 73	Sabina Addr 32 Beech	ess		
		n mediate	ise per line far	(a), (b), and (c).]	3	ed ariet	ue S	olero	20	INTERVAL B	
FICATION	PART II OTH	The same or				NOT RELATED TO THE TERMIN			EN IN PART I	PERF	AUTOPS' ORMED?
T CEX	OR CONTRIBUTING	CAUSE OF DEATH	20d. INJURY	OCCURRED 200	e. PLA	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f (City		(Cau	enty)	(State
C A	CTUAL IGNATURE	ot lattended the	deceased fr					the causes and reet, city or lawn; s	y Back	date state	
_ IN	HYSICIAN'S IAME (Type)	Earl Pass		D.				s Avenu			
Bu	BURIAL, CREMATION REMOVAL (Specify)	101615	9 H	NAME OF CEMETER  OLY Red  ADDRESS		er Cemeter	y Bal		Mary	(Sie	te)
	ward H.	Hubbard			Ave		BY REGISTI		TRAR'S SIGN		

death. Page 4 may be retainted the haspital or attending physician.

O FUNERAL DIA TOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain.

TO FUNERAL Dig. TOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OF

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEAN'H DEPT. 2. USUAL RESIDENCE (Where decassed I vad, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY Page Realth, b. COUNTY director. Page for your files. Baltimore Raltimore MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) und be executed within 24 hours after death. If any de the funeral director in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Office along with form PM3, Page 5 may be retained for your purial-transit permit. File pages 1 and 2 with the State Board of or oval, and in any event within 72 hours after death. write RURAL and give nearest town? AVIT Idlewild Idlewild d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Banbury Road Banbury Road YES NO T 3. NAME OF First Middla 4. DATE DECEASED OF (Typa or print) DEATH MARGARETHA LUCHLER DRECHSLER October 8 DATE OF BIRTH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS last birthday] Female 29, WIDOWED [ DIVORCED Apr. 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3, Page burial-transit permit. File-pages I am done during most of working life, even if retired) Housewife at home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maximillan Waizman Leonora Kilgen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yas, no, or unkown) | (If yes giva war or datas of service) Mr. Ernest F. Drechsler - 6315 Banberry Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive thoracic hemorrhage rupture of dissecting aneurysm of aorta Conditions, if any, which geve rise to immediate cause "pending" w KI DUE TO (a), stating the undarlying he certificate, writing the word "panding from a DIRECTOR: Page 3 should be used as ated agent, prior to burial, cremation, or re cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? DC. NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part 1 or Part 11 of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stata) factory, street, offica bldg., atc.] Hour a.m. Whila Not While at work at work PARTIAI 21. I certify that I took charge of the remains described above, held an Autopsy KI, Inspection and in my opinion designated agent, death resulted from. Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should be 5 SIGNATURE 10/16/59 DEPUTY MEDICAL EXAMINER DEPUTY William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION | 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata) REMOVAL (Spacify) Woodlawn Mt. Vernon 240 REC'D BY REGISTRARY 246 REC'D BY REGISTRARY 246 REGISTRARY SUNATURE E40 9 Burial Woodlawn Cem Mt. Vernon, New York **FUNERAL DIRECTOR** ADDRESS OCT 1 9 '59 VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**.** ..

directo

X

CATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 10b FilmG250 11-23-59 et

CERTIFICATE OF DEATH 1065

Reg. Dist. No.

o. COUNTY	imore	2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE b. COUNTY Baltimore										
RURAL and give ne	foutside corporate limi carest lown) <b>Limore</b>	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  **Baltimore**										
OR INSTITUTION	AL (If not in hospital, g	/ d. STREET ADDRESS  o. IS RESIDENCE ON A FARM YES NO										
NAME OF DECEASED (Type or print)	Harry	st	Во	Middle		Durgin	4. DATE OF DEATH	October		30 Day		rear 19 <b>5</b> 9
Male Male	6. COLOR OR RACE White	7. MARR		EVER MARRIED DIVORCED		8. DATE OF BIRTH  NOV. 18-1889	9	9. AGE (In years tost birthday) 69 yrs.	IF UNDE Months	Doys Doys	Hours Hours	R 24 HRS Min
during most of working life, even if retired)  Betheres  Shearer						11	or foreign o	ountry)	12.CI1	U.S.		OUNTRY
. FATHER'S NAME William					Any	14. MOTHER'S MAIDEN N		ock				
WAS DECEASED EVER (as, no, or unknown)	R IN U. S. ARMED FOR If yea, gave wor or dates of a	ervice)		9-8315		Marie Durgin	1403	Kenwood .				
	TH (Enter only one co TH WAS CAUSED BY; IMMEDIATE CAUSE (o	120	ne for (o).	(b), and (c).]	a	Pavereas.	E J	wer Hel	tests.		RVA. BE	
, 1	DUE TO		0.		0	-ti 1/2.	+9	A :			ne	

Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. WAS AUTOPSY PERFORMED?

YES NO 🔽

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour a m. While Not while of work p. m.

20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

That I last saw the deceased

and that death accurred at ACTUAL

21. I certify that I attended the deceased from

(Stote)

DATE SIGNED

BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11-3-59 Burial

PHYSICIAN'S

NAME (Type)

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Ral to. 24g REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

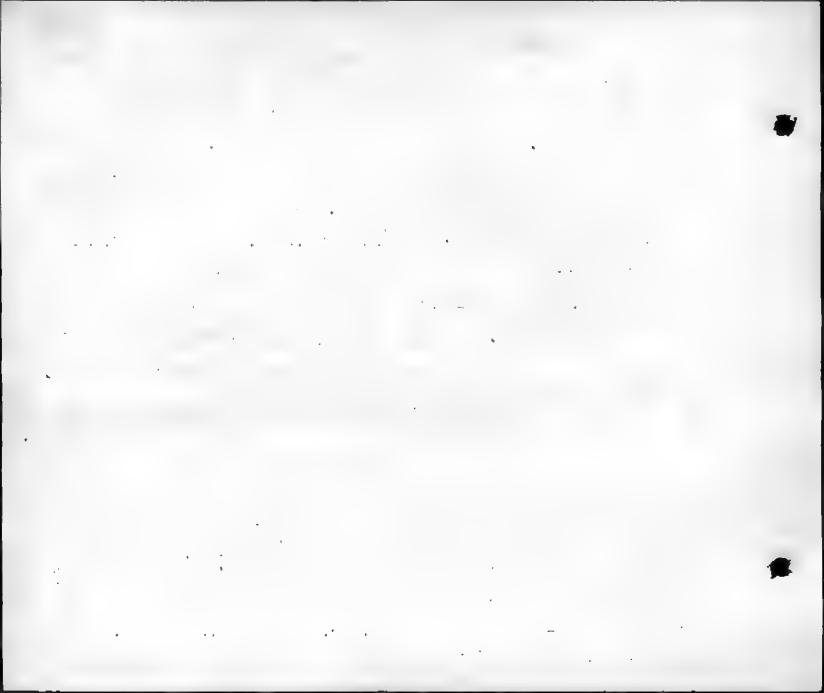
11.44.M, from the causes and an the date stated above.

22d. LOCATION (City, town, or county)

DATE

Orthur & Kines

TO FUNERAL VS A15 (4) 1SM 9/S8



FUR STÁTE HEALTH DEP TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detall pressary, please executative certificate, writing the word "pending" in pendil in Item 18. Give pages 1, 2, and 3 to the funeral unector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form M3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statt Board of Tablett, or its designated agent, prior to burial, cremation, or removal, and In any every within 72 hours after distinct.

VS. AT5ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	PLACE OF DEATH 11UZI	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
`	1	Baltimore MARYLAND	• STATE Maryland b. COUNTY Baltimore
1		b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown)
		Relay d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitet, give street eddress)	Relay  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
\		5105 S. Rolling Road	5105 S. Rolling Road YES NO X
		NAME OF First Middle DECEASED	Last 4. DRTE Month Dey Yeer
		(Type or print) THOMAS SIDNEY	EARP DEATH October 29, 1959
	5.	Male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	Oat GF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.
		. USUAL OCCUPATION (Give kind of work	
		ROPRIETOR GROCERY STOR.  FATHER'S NAME	14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 12. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	INFORMANT JULIE NEWTON Address S. ROLLING Rd.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	RS. DEKINA PARP EIKRIDGE 27, 19d.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic ca	ONSET AND DEATH
		422. / MODECK	Intovascular disease
			n of 4th cervical vertebra
		gave rise to immediate cause (a), stating the underlying DUE TO	
		cause last. (c)	PARTIAL
ye.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19. WAS AUTOPSY PERFORMED?  YES X NO
	RTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of Injury in Peri I or Peri II of Ilem 18.)
		CAUSE OF DEATH. Fell down	n steps at home
	MEDICAL		CE OF INJURY (Home, ferm, '20f, (City or lown) (County) (State) ory, street, office bidg., etc.)
	WE	x30x 10/29/ 1959   el work □ al work □	House PARTIAL Relay Baltimore Md.
		21. I certify that I took charge of the remains described above, he	
		death resulted from. Natural causes Accident X. Suic	ide Homicide Undetermined manner
		ACTUAL /////	ACCICIANT MEDICAL EVAMINED TO DETE SIGNED
		SIGNATURE WILLIAM CONTROL OF THE SIGNATURE	DEPUTY MEDICAL EXAMINER   10/29/59
		NAME (Type) William V. Lovitt, Jr., M.D.	Address (Street, city, lown, or county)
	220	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	CREMATORY 22d. TOCATION (City, topin, or country) (Stete)
	23.	BURIAL 10/3/159. WELVILE MELL	1 24a. REC'D BY REGISTRAR J 24b. REGISTRAR'S SIGNATURE
	1	astor Sous Catonwillo 28	ANOVA 150
		control of contracte to, 1	DATE TO 4 39   Cirilian & K



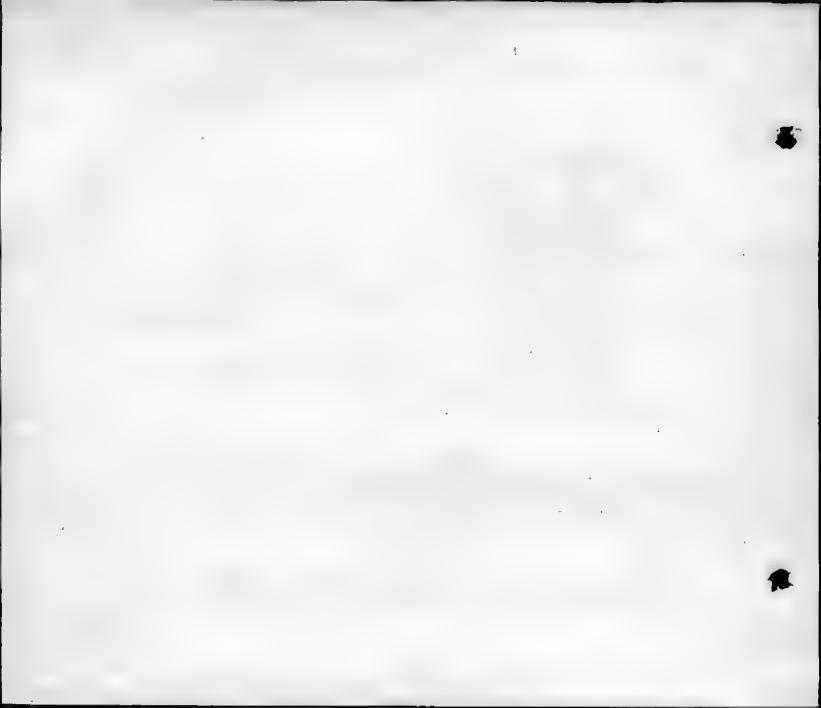
VS. A15 - 10 - 53

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11010 CERTIFICATE OF DEATH

11034 Reg. Dist. No.

ly.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly		Balta.	md Balla
leg		COUNTY / / / / / / / MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY 27/10.  CITYIIf outside corporate limits, write RURAL and give nearest town)
73		OR and give nearest town) (in this place)	OR & 1 1 LA
an an		TOWN DUNGAIN	TOWN DUNGS/A
>		HOSPITAL OR	STREET (If rural give location)
To to	,	STREET ADDRESS 7 PALLOCE ALC	ADDRESS 7 CALLO CO ALO
clearly	4-		7 Lottage Ave.
मु		DECEASED:	(Last) 4. DATE (Month) (Day) (Yesr)
death	_	(Type or Print) SUSIE	1Wards DEATH: 10-26 1959
	5	. PACE WIDOWED DIVORCED!	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRE.
of	<i>J-</i>	eMale Colored (Specify) Mannied 1-2	6-1818 Min. Months Days Hours Min.
causes	IQA.	USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11 BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
3Ds		work done during most of working life. OR INDUSTRY:	P' EJ JO J COUNTRY?
-		Pomestic //t fecile	IPINCE FAWAYA (c., Va. 11.5, A.
the	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME:
	1.7	ENNV Jachson	CENTINOWN
write		TAR DECEASED EVER IN U.S. ARMED FORCEST . IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.
	(Yes	of service) (If Yes, give war or dates of service)	Frant Dupne C. Ti. E. Ma. Dex 132
please		18. MEDICAL CERTIFICAT	
ple	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	ă.	444X -101	the same of the same
ns		MMEDIATE CAUSE (A)	is mumia saup
Physicians		ANTECEDENT CAUSE (8)	a stand to the standard of
/si	DI	SEASES OR CONDITIONS, IF ANY, (B)	lesses Apertinen Hyrobolis lenky
h.	GI	VING RISE TO THE ABOVE CAUSE DUE TO	/ / / / / / / / / / / / / / / / / / /
		(C)	
ant	11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rt		TO THE DEATH BUT NOT RELATED TO THE	
important.		DISEASE OR CONDITION CAUSING DEATH,	N. C.
im	134	. DATE OF OF ERATION	20. 2010/311
>-			YES NO A
especially	OR (	. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact OF INJURY street, office bldg., either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (County) (State)
Sp	210.	TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF	INJURY While Not while at work at work	
133			14 10 11 1 10 10 10 10 10 10 10 10 10 10 1
age	ZZ.	I hereby certify that I attended the deceased from 10	, 1957 to 1720134, that I last saw the deceased
		alive on 10 70 579 ,, and that death occurred at	
00		SIGNATURE	ADDRESS DATE SIGNED
correct			.D. 107 M. 1/1au Y. Vallo 22 No. 7
5	23.	BURIAL CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	1	Buriai 10-29-59 Mount Ca.	IVARY HANNE Arundel Co. Ma.
	_		
	D.	ATE RECIDERY LOCAL REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR



.# 1914

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11035

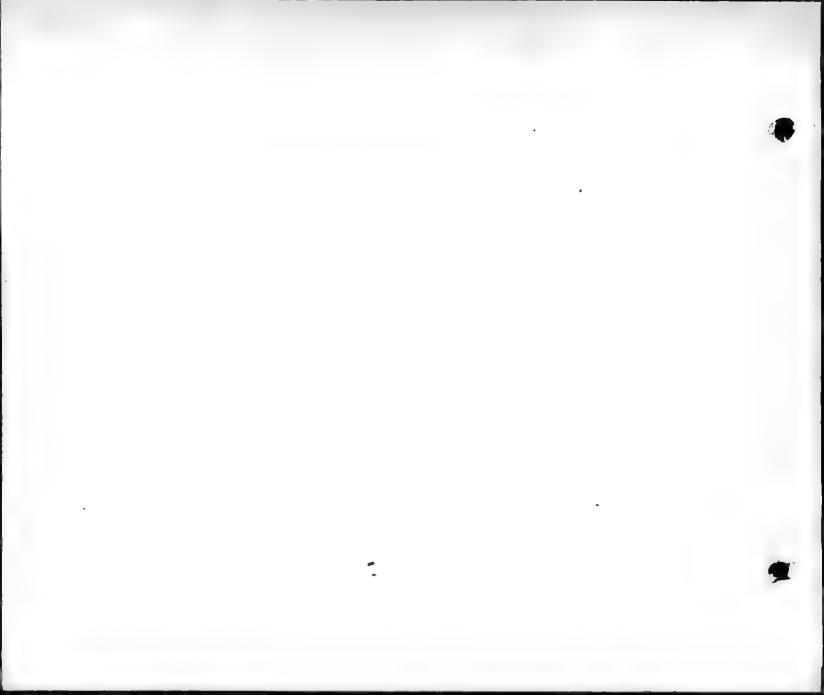
		11064		CEKIII	-ICA	AIE OF	DEATE	1		Reg. Di	st. No.		
1.	COUNTY Ba	Ltimore	,	MARYL	AND	2. USUAL RES o STATE		ore decease yland	d lived. If institut b. COUNTY		ce befor		ion)
	b. CITY OR TOWN (III	outside corporate lim	its, write	c LENGTH OF STAY I	N 1b	e. CITY OR	TOWN (If o	utside corpo	prote limits, write	RURAL and	give nea	rest lawn	)
	Catons			h2yr9mth16	dys	Gova	ns, M	arylar	nd		,		
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s	jive street o	oddress)		d. STREET			····		1	. IS RES	IDENCE FARM?
		OVE STATE	HOS	PITAL		Go	vans.	Mary]	and				NO 🗌
3.	NAME OF DECEASED	Fi	rst	Middle		lo	st	4. DATE	Mo	nth	Day	/	Year
	(Type or print)	Lydi	.0			Ehman		OF DEATH	Octo	ber	2		19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIEI		8 DATE OF BIRT			9. AGE (In years last birthday)	IF UNDER			
	female	white	WIDOWE		_	1886 ?			72 yrs	Months	Days	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	INDU	TRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)				COUNTRY
L	domesti	ing life, even if retired C					Mary.	land		U	. S.	A.	
13.	FATHER'S NAME					14 MOTHER	S MAIDEN N	IAME		-			
L	Cha	rles Ehmar	L _			Sara	h Ida	Delli	Lhunt				
15. 1Ye		IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17, H	NFORMANT			Ade	dress			
L	no			Unknown	Re	ecords:	SPRIN	G GRO	VE STAT	E HO	SPI	CAL	
Г		•	ouse per lin	ie for (a), (b), and (c).]							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (c	Ar	teriosclero	tic	cardio	vascul	ar di	sease		0143	CI AIRD	DEATH
	DUE TO												
	Conditions, if ony, which } Generalized arter iosclerosis												
	gave rise to it cause (a), stating t												
_	lying couse lost.	) (	·}										
é	PART II. OTH			ONTRIBUTING TO DEA						VEN IN PAR	T 1(o) 15	PERFO	AUTOPSY RMED?
Š				rochanteric									NO 🔼
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	l.	et floor an						on 6-1	19-5	9 sl	ipped
MEDICAL	20c. TIME OF INJURY	Y Month, Doy, Ye			20e. PL	CE OF INJURY	(Home, form	20f. (City	y or lawn)	(0	County)		(State)
MEC	8:35p.m.	6-19 19	While	Not while		hospital	-		onsville	28. M	1d -		
	21. I certify the	at I attended the	decease	d from June	-			ct.				w the	decease
		ct. 2	. 125	2, and that			_	M. frai					
		7	, ,	4					treet, city or town				ATE SIGNED
	ACTUAL SIGNATURE	Alla "	vilu	ister		M.D. SPR	ING C	ROVE	STATE	HOSPI	TAL	10-	5 <del>-</del> 59
	PHYSICIAN'S NAME (Type)	Stella Wa					onsvi]	Lle_28	, Maryla	nd			de like opt op die op op op
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	OF .	22c. NAME OF CEME					TION (City, town,			(Stot	e)
_	burial	10-11:-5	9		ROV	STATE		******	consville				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			45	OBY REGIST	TRAR 24b. REG	Istrar & SK			
							DATE	MI I A	00				

VS A15 (4) 15M 9/55

B



1 37	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8 11036
*	11067 CERTIFICATE OF DEATH	Reg. Dist. No.
4 Tes	1 NAME OF DECEASED  (Type of Print)  Alica W F NAS	Oct. 24, 195 9
EN.	3. PLACE OF DEATH AND TENDENCE (Where decessed A STATE A STATE ASTATE ASTATE	lived, If institution; residence NTY before admission)
POINT	HOSPITAL OR 100 AL SERS NOT Rd.   C. CITY OR TOWN (If outside corpor INSTITUTION 605 AL SERS NOT Rd.	ate limits, write RURAL and give township)
A LL X	Yrs. D. STREET ADDRESS (If rural, give loce	shot Rd.
A SIL		day) Months Days Hours Min.
NOT USE the mus	10A USUAL OCCUPATION (Givekind of working life, even if retired)  HOUSEWIFE  10B KIND OF BUSINESS OR INDUSTRY  Rich Mond VIR ginin	12 CITIZEN OF WHAT COUNTRY!
Tite of I	MORTIMER W. De ShAZO LETITIA ALLNON	
CORD. ACK IN	15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no or nahoown) (If yes, give war or dates of service) SECURITY NO MRS. JOSEPH A. BENA	W MADDRESS Ve / /
RECC St. pl	18. CAUSE OF DEATH	ONSET AND DEATH
A PERMANENT RECORD.  LACK OR BLUE-BLACK INE- ied. Phymicians: please w	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Rue To Revenue & arlerie	2 days
A PERIVACE OF	Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	(years)
IS IS IS UT B	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST (C)	
MAN	UL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
d a lim	DISEASE OR CONDITION CAUSING IT  U IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION CAUSE OF DEATH, ENTER IN WAS PERFORMED	ON 20. AUTOPSY?
M G.	Z 210 TIME (Month) (Day) (Year) (Hour) 216 INJURY OCCURRED 216 HOW DID INJURY OCCUR WHILE AT NOT WHILE	YES NO L
F E E	22. I certify that (I) (this hospital) attended the deceased from	19.5 2 to
T. S. T. D.		•
PLEASE item of in	and that death occurred at 6 m., from the causes and on the date stated above.  23A SIGNATURE  23A SIGNATURE  ATTENDING PHYS. MED DIRECTOR STATE PHYS.   29B ADDRESS  ATTENDING PHYS. MED DIRECTOR STATE PHYS.   401 Wirano Way  (29)	24 OF 59
	24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City Tion, removal (Specify) 10/26/1959 Loudon Park Cem. Balto.  Date Reduced 159 Registrate Signature 125. Funeral Director	y, town, or county) (State)
		ADDRESS
Ė	LOCAL REGISTRAR CHARLES WILLIAM N. 12 O. Turnan O's	nwar



V\$ A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1060 CERTIFICATE OF DEATH

11037

11003	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALL TIMES AT STATE MARYLAND CITY (If outside desporate limits, write RURANT LENGTH OF STAY	/ SATE + RYLAN DOUNTS ALTIN ORE CITY (If outside corporete limits, write RURAL end give neeres) town)
OR and give nearest town) TOWN (In this place) TOWN	* 19468 OAKLEE NILAGE
HOSPITAL OR MISTITUTION OR STREET ADDRESS 168 BAKLEE VILLAGE	STREET (If rurel give focefion) ADDRESS
3. NAME OF (First) (Middle)  (Type or Print) NENA MAY EN	150 R DATE (Month) (Day) (Year) DEATH OF 9 19 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE HITE WIDOWED, DIVORCED, (SAPPLY)   121	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if the property of the propert	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
TOSHUAH, SUNDERGILLA 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	COPNELIA DUDDERAR
(Yes, no forfunk.) (If Yes, after year or deless of service)	MRSE, POWELL DAKLEEVILLE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
MAMEDIATE CAUSE (A) Complie - TY	accular Disease zyr.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while At work the et work	H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1957, to Oct. 8, 1957, that I last saw the deceased
alive on & CT. 7, 19.2.7, and that death occurred at.	11.30M, from the causes and on the date stated above.
SIGNATURE & Channon M.D. 4	ADDRESS (Street, city, town, stela) DATE SIGNED
BURIAL, CREMATION, STATE THEREOF NAME OF CEMETERY OR C	(3676)
DURIAL 10/3/59 LINGAN	ONE UNIONVILLE IND
DATE OCT 1 3 '59 Orthur & Kraus	DO Hartzler Samo Libertentown Med



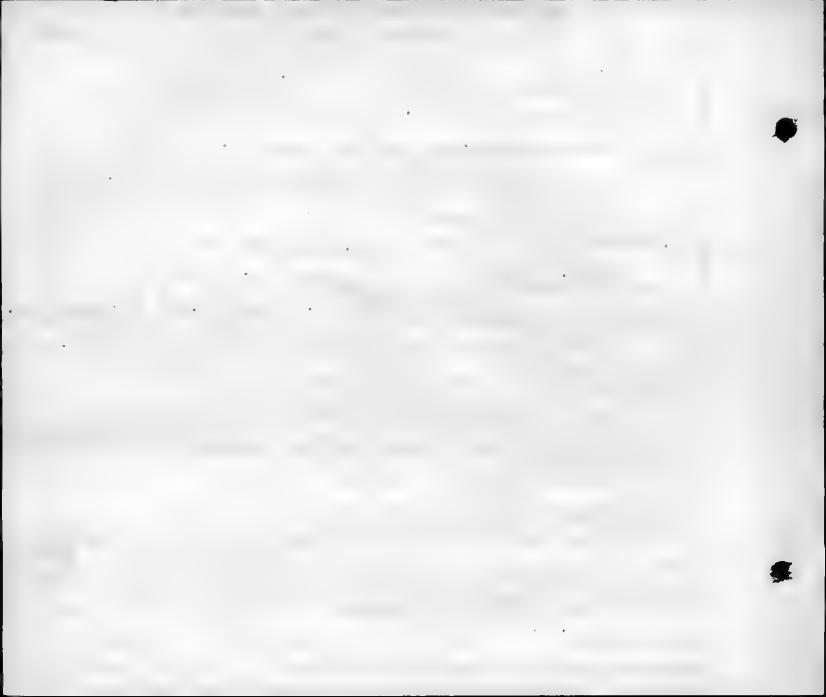
VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

death.



11071

#### CERTIFICATE OF DEATH

Calley S. Kings

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Balto. o STATE b. COUNTY Md. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tows) Baltimore d NAME OF HOSPITS 712 Denondron Ave. d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 3717 W. Garrison Ave NAME OF Middle lost DATE Month Year Day DECEASED REBA DEATH (Type or print) RALLYA FARRELL 19 59 Oct. 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) 68 yrs Months Dovs 1891 DIVORCED [7] WIDOWED | female white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

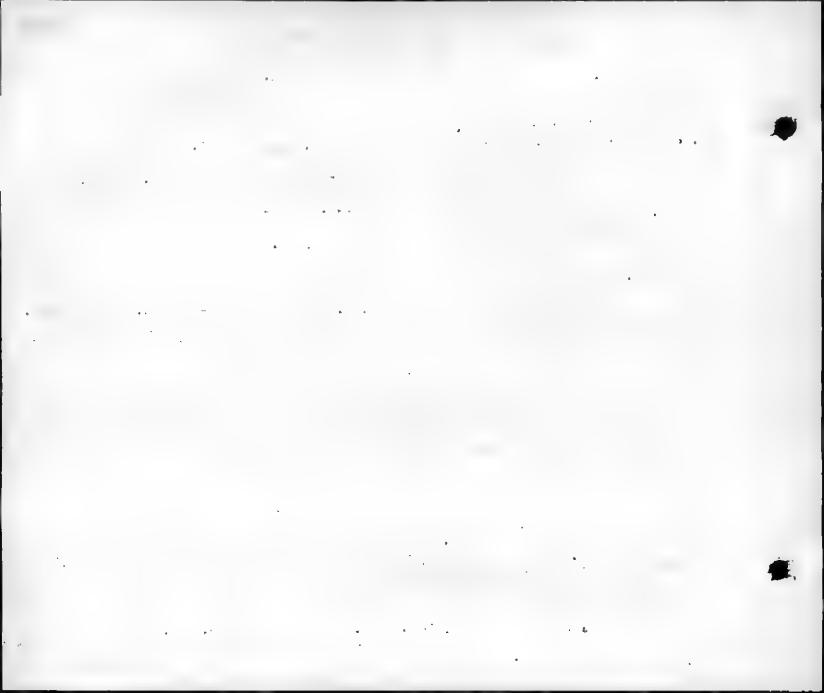
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? housewife at home Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Silas F. Rallya Rosa Hogg IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Ilf was crive wor or dates of service) no Mr. F. Edward Farrell W. Garrison Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I DEATH WAS CAUSED BY Freda IMMEDIATE CAUSE (o) 3/x DUE TO Conditions, if onv. which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 179. WAS AUTOPSY PERFORMED? YES TO NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20F (City or town) (Stole) (County) factory, street, office blda . etc.) Hour o. m. While Nat white at wark of work 18 195 That I last saw the deceased 21. I certify that I attended the deceased from that death occurred at 3:16 M, from the causes and an the date stated above alive an and ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIÁN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) 10/21/59 Parkwood Cem 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR **ADDRESS** 

funeral should 57 puo C Filled Poges completely papers. death and pau offer 200 physician remove hours 22 attending please þ permit signed of-transit been has certificate TOR 3 should may be retain O FUNERAL D page he 0 VS A1S (4) 15M 9/5B

딅 director

filed ,

Pe



CERTIFICATE OF DEATH Reg. Dist. No with 1. PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY fil ed b. COUNTY Ė MARYLAND 更多 b. CITY OR TOWN (If outside carporate fimils, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) D Collinore. d. NAME OF HOSPITAL (If not in hospital, give-street address) . IS RESIDENCE OR INSTITUTION YES NO DE NAME OF 4. DATE Day Year (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE IF UNDER LYEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T B. DATE OF 9. AGE (In years lost birthday) Months Doys Hours WIDOWED X DIVORCED | popers. yrs 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 6617 Carso 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MUSEL SA IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, 20f (City or lown) 20d. INJURY OCCURRED Day, Year (County) (Stole) factory, street, affice bldg., etc.) Haur o.m. While Nat while at work at work 21. I certify that I attended the deceased from I Opice 1954, 10280,5 ., 1922, that I last saw the deceased alive on 28 , and that death accurred at 2. M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION 224. NAME OF CEMETERY OR EXEMATORY 22d LOCATION (Oty, town /gr Zounly) page (State) 5 REMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24d/REC'D BY REGISTRAR VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CENTIFICATE OF DEATH

11042

1107	3	CERTIFIC	ATE OF DEATH	1	Reg. Dist.		74
PLACE OF DEATH S. COUNTY Baltimore	-	MARYLAND	2. USUAL RESIDENCE (WAS o. STATE Md.	ere deceased lived. If insti b. COUN		imore	on)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) REISTERSTOWN	limits, write c LENC	TH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, wri	te RURAL and give	nearest town)	
d. NAME OF HOSPITAL (If not in hospito or INSTITUTION Nicodem	ol, give street oddress) us Road		Nicodemu	s Road		e IS RESII ON A YES X	FARM?
	zabeth	Middle	Forbes	4. DATE OF DEATH Oct.3	,1959	/	9
Female White	CE 7. MARRIED   N	DIVORCED [	Aug. 18, 1882		yrs. Months Da		Min
Oc. USUAL OCCUPATION (Give kind of wo during most of working life, even if ret Retired school	ork done 10b. KIND OF Cod) teacher	F BUSINESS OR IND	Geneseo,	N.Y.	12. CITIZEN	U.S.	OUNTRY?
Edward James Fo	rbes		Fidelia				
15 WAS DECEASED EVER IN U. S. ARMED I (If yes, give wor or dotes NO			Charles A.Fo		erstown	,Md.	
PART I DEATH WAS CAUSED E IMMEDIATE CAUS	Y: Cere		tastasis			INTERVAL BET	WEEN DEATH B X
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	(b) mal:	ignancy	left breast			10	year
PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBU					o) 19. WAS A PERFOR YES [	RMED?
	TH	OW INJURY OCCURE	RED. (Enter nature of injury in I	Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour o. m.	While _ No	CCURRED 20e. I t while wark	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	(City or town)	(Cou	nty)	(Stote)
21. I certify that I attended to alive on October 3			th accurred at 8_P.		and an the d	late stated	above.
ACTUAL SIGNATURE MARTIN E	Stratel		M.D. 48 Main	St. Reister	stown	10	)-5-5
	. Strobe						
Burial, CREMATION, 22b. DATE THE Burial Oct. 7,	1959 Ten	AME OF CEMETERY  nple Hil	1	22d. LOCATION (City, 10w Geneseo, Li		Stote	,
3. FUNERAL DIRECTOR'S SIGNATURE J.F.Eline & Son	s,Reister	oress etown, M	d • 24g. REC'		Calling &		

death. Page 4 the funeral director, Fled e D may be retain by the himspital or attending physician.

TO FUNERAL DIMICION: After this certificate has been signed by the attending physician and completely filled in by the func page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremotian, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

54

TO HOSPITAL Q. VS A15 (4) 1SM 9/SB





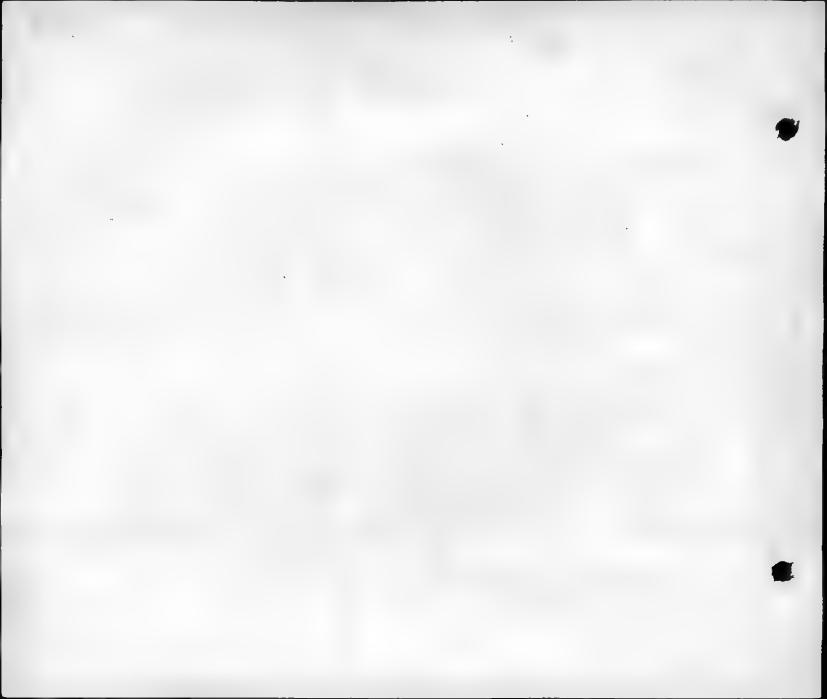
# HEALTH DEPT

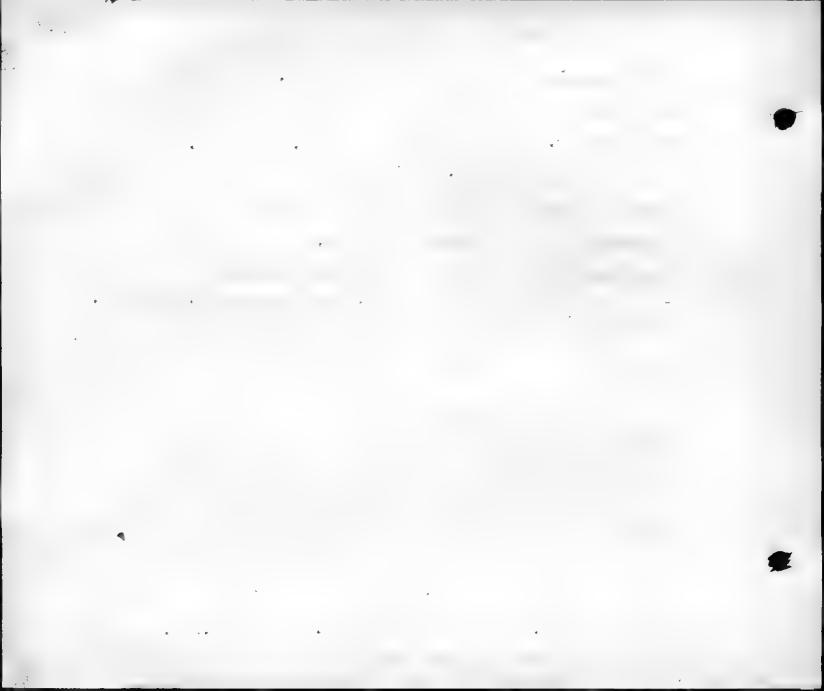
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**VS. A15ME** 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY MARYLAND b. CITY OF TOWN III outside E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negret! town) MIDDLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RETIDENCE ON A FARM? YES NO T 3. NAME OF DATE Year DECEASED OF DEATH (Type or print) FOREM 19.59 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 18. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HES. Months Hours WIDOWED [ DIVORCED F 100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME JOHN UNKNOWN 15. WAS DECEASED EVER IN 16. SOCIAL SECURITY NO 17. INFORMANT MR. DAYID 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Q-V-X 10000 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO 19. WAS AUTOPSY PERFORMED?. YES [7 No. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW UNIVERYOCCURRED (Enter noture of injury in Part 1 or Part 11 of Item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Hour factory, street, office-bldg , etc.) While Not while 0. 70. of work of work 2). I certify that I took charge of the remains described above, held an Autapsy ... Inspection | and in my apinian death resulted from. Natural causes 12. Accident ... Suicide Hamicide . Undetermined manner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) 220. BUR AL. CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) (Stote) REMOVAL (Sperify) BURIAL 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR





VS A15 (4) 15M 9/58

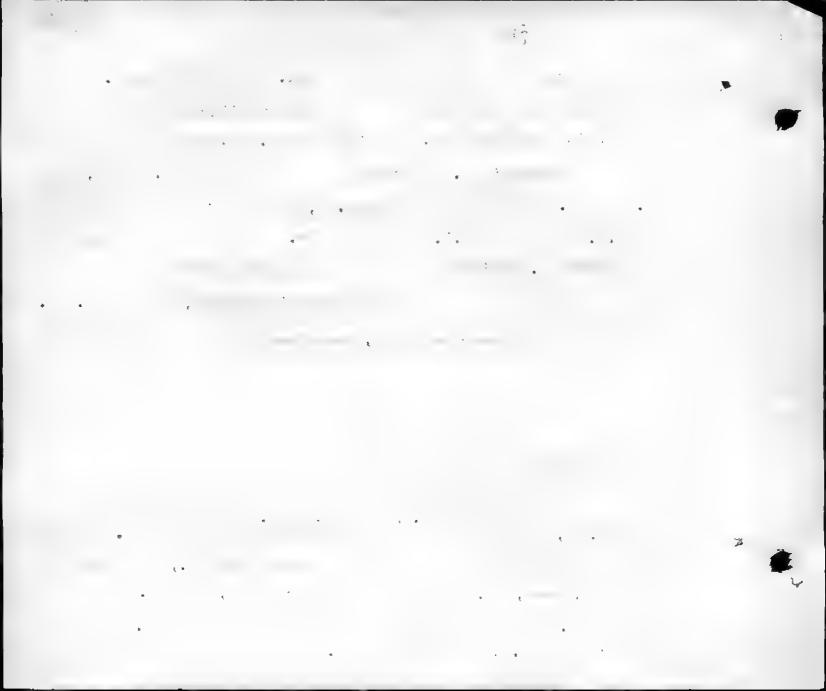
	•		
roge 4	director,	led with	
certificate be executed within 24 hours of death Fage 4	ng physician and campletely filled in by 1k.3 runeral director,	remave carbon popers. Roges 1 and 2 shauld-be-filed with	100
naurs	in by	ond 2	
within 24	tely filled	Reges 1	[]
xecured	l cample	popers.	1.0
0 00	ion and	carbon	4
Cerritico	ng physic	remave	27 2 2

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11077

CERTIFICATE OF DEATH

11046

			R	eg. Dist. No.
1, PLACE OF DEATH 0. COUNTY TO THE ALL		2 USUAL RESIDENCE (When	re deceased fixed. If institution-	Residence before admission)
Baltimore	MARYLAND	Md.	b. COUNTY B	alto.
<ul> <li>b CITY OR TOWN (If outside carparate limits, v RURAL and give nearest town)</li> </ul>	write c LENGTH OF STAY IN 16	c CITY OR TOWN (If au	Iside carporote limits, write RUR/	AL and give nearest town)
Catonsville	Life	Co Ceto	nsville	
d. NAME OF HOSPITAL (If not in hospital, give		a d STREET ADDRESS	101210	e IS RESIDENCE
or Institution 5153 Balti	more Nat.Pike	5153 Balto	.Nat.Pike	ON A FARM?
NAME OF DECEASED (Type or print) Margar	et B. Gallowa		4. DATE Month OF DEATH OCt.	Doy Year 22, 19 59
	"	Aug. 23.1865	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work dane				12 CITIZEN OF WHAT COUNTRY
during mast at working life, even if retired)	O.H.	Md.	, , , , , , , , , , , , , , , , , , , ,	USA
IS. FATHER'S NAME	О.Н.	14. MOTHER'S MAIDEN NA		UUA
	iritz		reta Bauer	
5 WAS DECEASED EVER IN U. S ARMED FORCES	7 16 SOCIAL SECURITY NO IN	IFORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service				Balto.Nat.P
18. CAUSE OF DEATH   Enter only one couse				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Con our Trans		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Arterioselerosis	. Constallized		unknown
Conditions if only which				
gave rise to immediate				
couse (a), stating the under-				
lying cause last. ) (c)				
PART II OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	al disease condition given	PERFORMED?  YES NO
PART II OTHER SIGNIFICANT CONDITION  PART II OTHER SIGNIFICANT CONDITION  ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTING  CITE EITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ert i ar Pari II af item 18.)	
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20s. PLA	CE OF INJURY (Hame, form,	20f. (City or tawn)	(County) (State)
W   10	AAUTO LACT AAUTO .	tary, street, affice bldg , etc.)		
	of work  of work		<u> </u>	
21 I certify that I attended the de	ceased from <u>Reb.8</u>	19.58., to Oat.	<u>22</u> , 19 <u>59</u> ,tho	at I last saw the deceased
alive on _Oet _21	12_59_, and that death	accurred at2 ± 30P A	A, fram the causes and	an the date stated above
1	,	A	DDRESS (Street, city or town, sta	te) DATE SIGNE
SIGNATURE	eser/	A.D. 1 Mallo	w Hill Ave.	10/23/59
PHYSICIAN'S				
NAME (Type) Leo ST. GAVER.			re 29, Maryland	
Burial, CREMATION, 226 DATE THEREOF  REMOVAL (Specify)  Oct. 24/59	22c. NAME OF CEMETERY OR LOTTaine Pa:		Zd. LOCATION (City, tawn, ar of Woodlawn Mid	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
Witzke Funeral Dir.	4101 Edmondson	A 17 0		hur S. Firans
			T 1 M V V V V V V V V V V V V V V V V V V	





15M 9/55

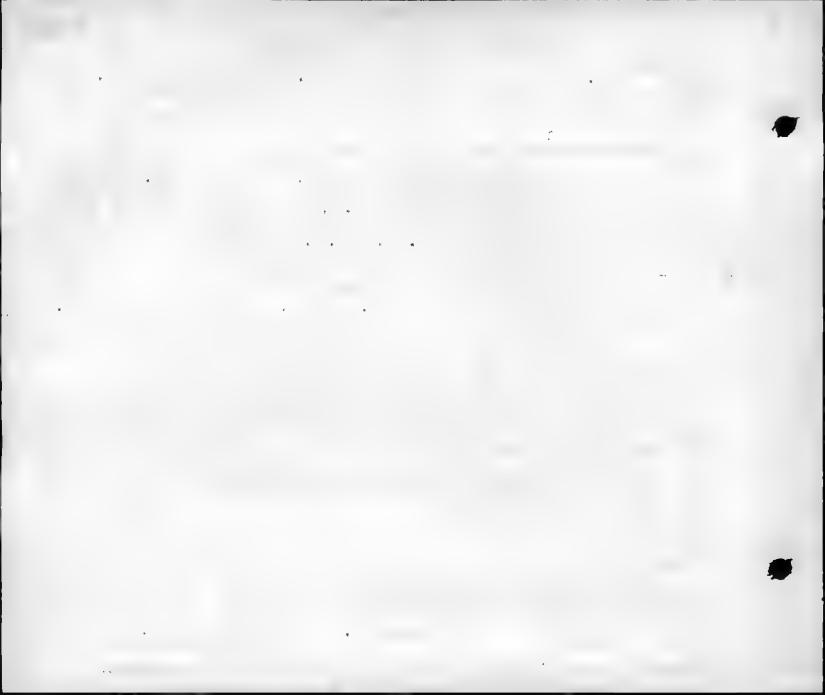


		MARTLAND STATE DEPARTMENT OF REALTH—BALTIMORE, TO	3
7 05		11079 CERTIFICATE OF DEATH	11()4() Reg. Dist. No.
Page irrector	1.	PLACE OF DEATH  © COUNTY  MARYLAND    2 USUAL RESIDENCE (Where deceased   ved. If institution of STATE	n: Residence before admiss on)
ath:		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fawn)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If whide carporate limits, write RURAL and give nearest fawn)	RAL and give nearest town
p ping		Baltimore.	
by d 2 sn	L	d NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION ASSET ADDRESS Regester as	IS RESIDENCE ON A FARM? YES NO
24 ha Ned in	3.	NAME OF DECEASED (Type or print)  ROSA  Middle  GERDING  OF Month  OF ATH  OF ATH	Day Year 18 1859
Page	5.	last birthday)	FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min
nplet	100	a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY Dr. BRETHPLACE (State or foreign country)	
nd con deoth	1.0	during most of working life, ever if refired)  Housewife Ind. RIND OF BUSINESS ON INDUSTRY D. SIXTHFLACE (Side of Toreign country)  Balturae	21 S COUNTRY?
a da da	h3	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
icate sicio	L	Hrederick Nov Caroline Jenn	itgas .
certifi ig phy rema 72 ha	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  10. 10 of unknown)  10 year give wor or doles of service)  20. 4 Miles deroy E. Gerden 60.	Hillen Road
eath endir lease thin		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) ]	INTERVAL BETWEEN
he d e off nt win		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Wondry Edema	16/4/5,
bal 1 Th		442× DUE TO 11-10 111	111 -
ned bermit		Canditions, if any, which gove rise la immediate DUE TO	los Miscour 3 ye
n sign		lying cause last.	
physici os beel os bello os beel os be	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO NO
AN: Ti ending icote h the bur ar rem	CERTIFI	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 10.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
rentification, certification, certification,	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. 20f (City ar lawn) White Nat white	(County) (State)
in this crem	M	p. m. 19 at wark at wark	2
Affer Holy	L	21. I certify that I attended the deceased from Community to Community to Community that I attended the deceased from Community to Comm	that I last saw the deceased
TTEN y the FOR: detox detox to bu		ADDRESS (Street, city or town, si	
rior rior		SIGNAME Charles TORBanky M.D. )	10/19/17
retain RAL Di shavid		PHYSICIAN'S CHARLES F. O'DONNELL 7501 YORK. Rd.	TOWSON 4 M
HOSP hoy be FUNE dge 3	220	De Burial CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (CITY, IOWN, OF DEMONAL ASDOCIATION)  Out 21, 1959  Date Thereof Date Lewis Cemetery  Radtimer	caunty) (State)
5 5 7 7	23,		RAR'S SIGNATURE
VS A15 (4) 15M 10/57	H	eny W. Jenkins Vsons Co- 4905 york Roy DATE, DCT 21 '59 Ca	ing & Though

. .







Wm. Cook-Towson, Inc., 1050 York Rd. Towson

certificate be 9 VS A15 (4)

15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE

tem 20 Film 24 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12938

IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Md .

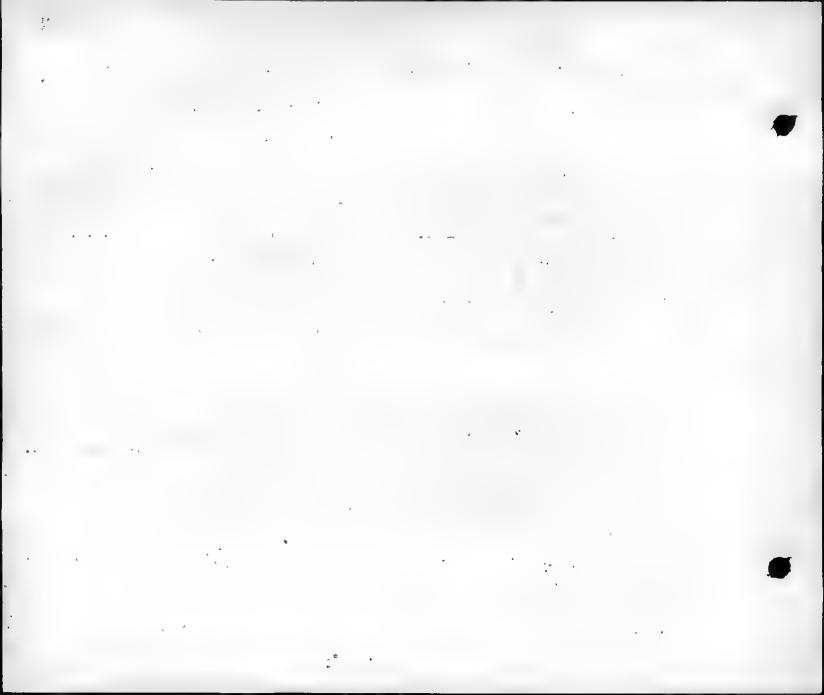
(Stole)

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

Days

U.S.A.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11083 CERTIFICATE OF DEATH

11051

Reg. Dist. No

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY 6 COUNTY ALTIMORE MARYLAND "INSURCE b. CITY OR TOWN (If outside corporate limits, write RURAL and give/hearest lawal/ c. CITY OR TOWN IIF outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION FLANNERS YES NO NAME OF First Middle 4. DATE Lost Month Year Day DECEASED OF (Type or print) DEATH MART COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED TH B. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS lost birthdoy) Months Days Min. DIVORCED [ WIDOWED IT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN JU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 1121 A STATIC 143.0 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 📊 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) O. 10. While Not while at work of work p. m. 21. I certify that I ottended the deceased from ...that I last saw the deceased alive on and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. DATE THEREO 22b. MAME OF CEMETERY-OR CREMATORY 22d UDCATION (City town, or county) (Stote) EMOVAL (Specify) ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3

filed with director, death. should 25 pur 2 papers. physician and carban certificote attending Š mit. dny signed i Per puo burial-transit detached 0 prior should 5 0 HOSPITAL FUNERAL I registrar poge 0 VS A15 (4) 15M 9/55

X



11094

**CERTIFICATE OF DEATH** 

Peg. Dist. No.

						meg	***************************************
	PLACE OF DEATH COUNTY BUILD	ltimore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	b. CO	UNTY Q JA	before admission)
ŀ	RURAL and give_near	utside corporate limits, write est town) Prison	c. LENGTH OF STAY IN 16	X c. CITY OR TOWN OF C	outside corporate limits, v	vrite RURAL and giv	re negrest town)
4	OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	osephine	Middle	LZNVIZLE	4. DATE OF DEATH	Month	Day Year 1957
5 S	SEX 6	White WIDOW	RIED NEVER MARRIED	8. DATE OF BIRTH NOV. 6, 1871	9. AGE (In		YEAR IF UNDER 24 HRS
	USUAL OCCUPATION during most of working	(Give kind of work done 10b g life, even if retired)	. KIND OF BUSINESS OR INDI	Baltimore,		12.CITIZE	OF WHAT COUNTRY
	FATHER'S NAME			14. MOTHER'S MAIDEN I		<u> </u>	
	lobert B. Gl			Josephine 1	H. Joyce		
1S. (Yes N	s, na, or unknown)   (If )	N U. S. ARMED FORCES? 16 yes, give wor or dates of service)		. B. F. Emenh	eiser-Garri	Address son, Md.	
		nediote DUE TO	Careir	levolic her	uterus		2 years
ICATION			CONTRIBUTING TO DEATH 8U				1(0) 19. WAS AUTOPSY PERFORMENT YES NO
L CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING [	UNDERLYING [] 206 DE: 1 CAUSE OF DEATH EDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part 1 or Port II of item 1	8 }	
MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	Month, Day, Year 20d. While of wa	Not while feet.	LACE OF .N.IURY (Home, form octory, street, office bldg., etc	(City or town)	(Co	unty) (Stota
	alive an	l attended the decea	sed from	19.47, to	M, from the cause ADDRESS (Street, city or	es and an the d	saw the deceased date stated above DATE SIGNE
	PHYSICIAN'S NAME (Type)	Paul A	Royse,	MD. 808	Kesvill	e8m	d.
220	BURIAL, CREMAT ON, REMOVAL (Specify) BUTIAL		22c NAME OF CEMETERY O		22d LOCATION (City. Baltimore		(Stote)
23.	M - PRECTOR'S	SIGNATURE A Form	ADDRESS	@ 1		REGISTRAR'S SIGN	NATURE

death, Page 4,

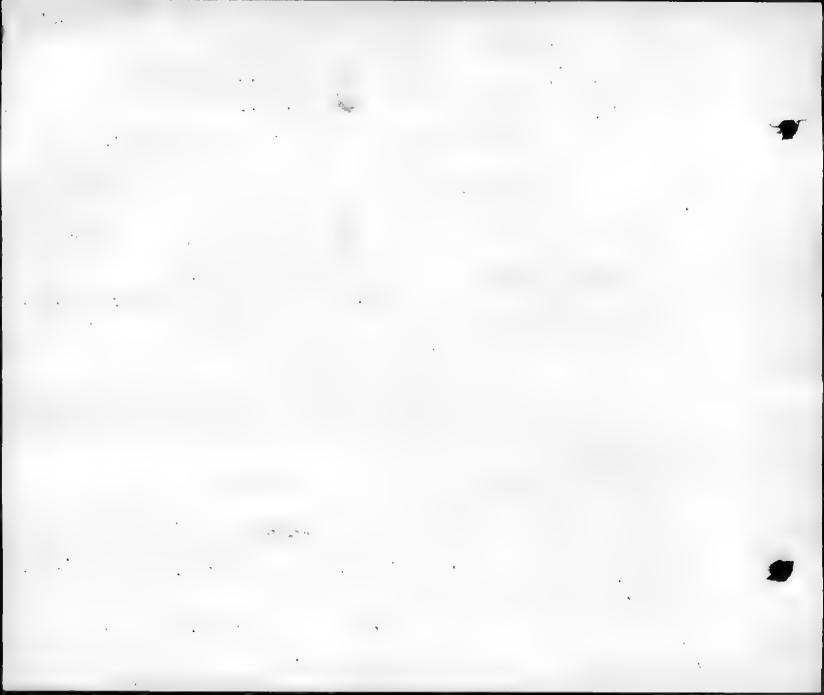
may be retain the haspital ar attending physician.

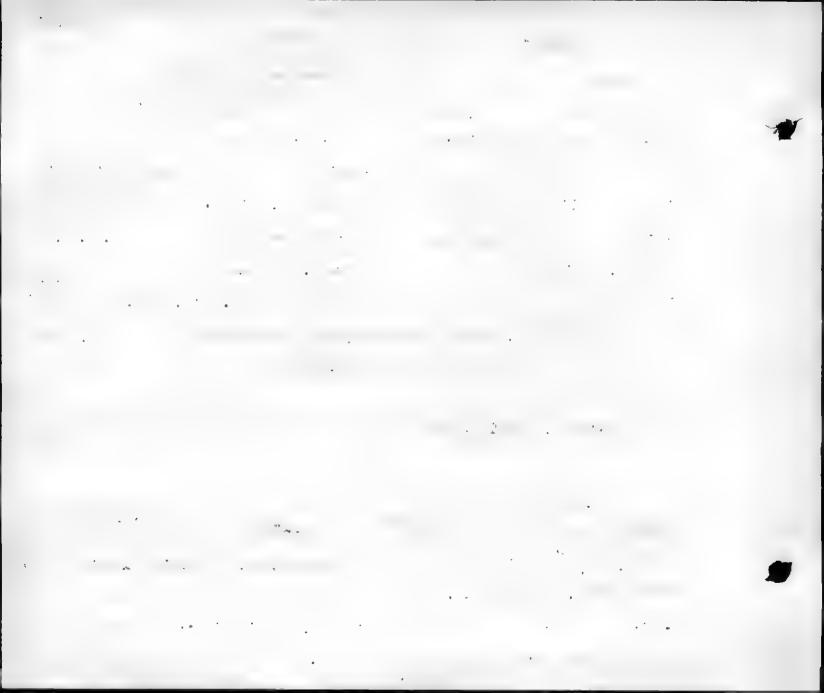
TO FUNERAL DISCLOSS: After this complicate list lies lies with a standard physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VII A1S (4) 1SM 9/S8







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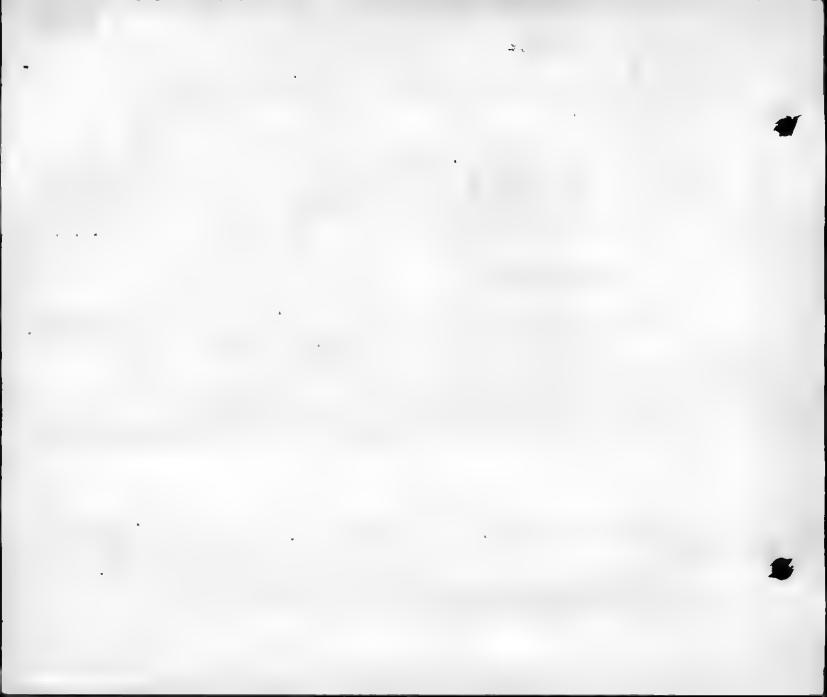
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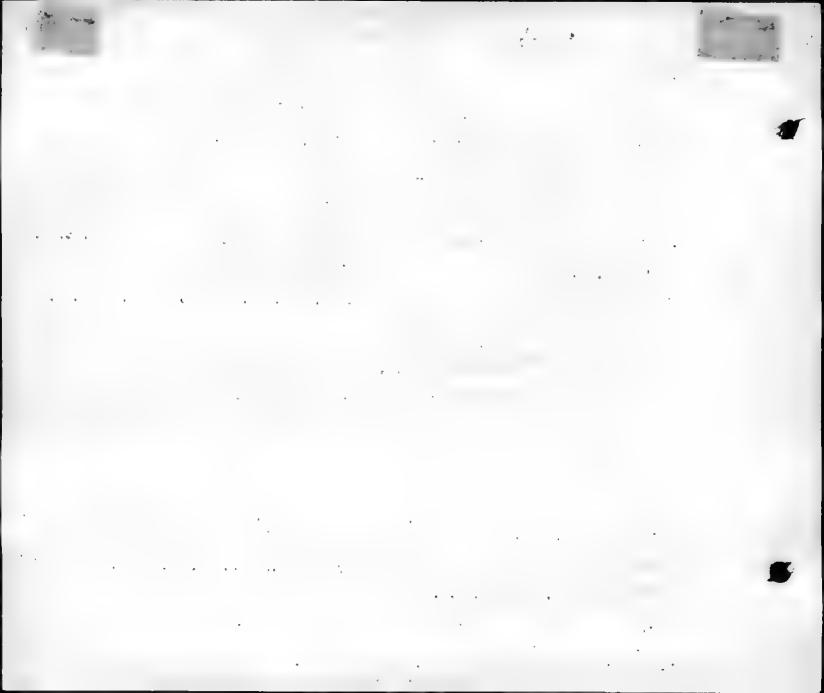
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VS A1S (4) 15M 9/SS

prior

death. ō





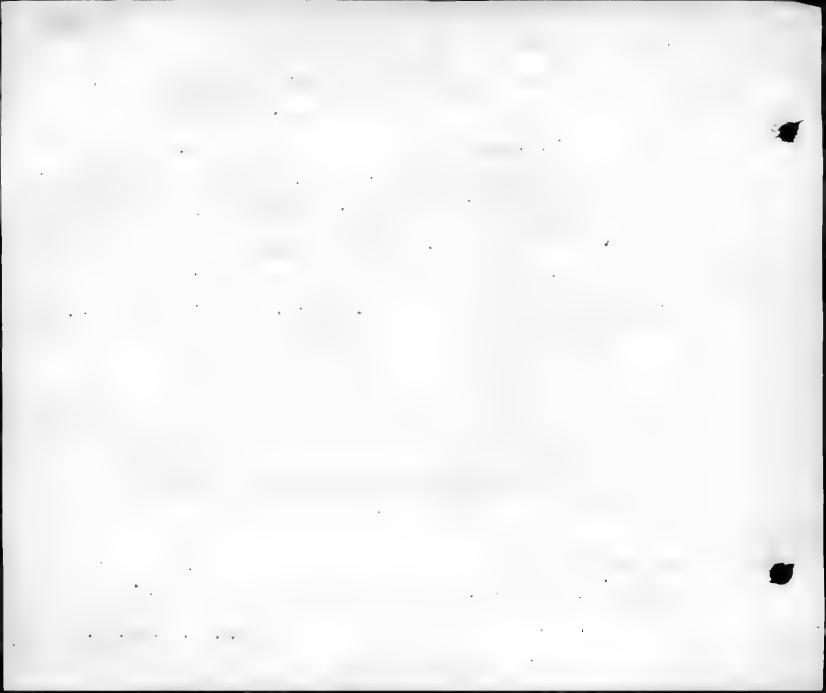
Reg. Dist. No.

U.	LACE OF DEATH			1 2	. USUAL RESIDENCE (W)	iere deceased		in- Residenc	e befare admi	ssian)
\	COUNT	Baltimore	MARYLA	UND	o. STATE Marvla	and	b. COUNTY	Ralt	imore	
b.	CITY OR TOWN (IF RURAL and give ne		c LENGTH OF STAY IN	l Ib	c. CITY OR TOWN (IF a	·	rate limils, write RI			vn)
		Catonsville			A Edgeme	ere			1	
, d.	OR INSTITUTION	AL (If not in hospital, give stree	t address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
-		in pines nurs	ing home		2909 I	litchi	e Ave.			NO X
3. N.	AME OF ECEASED	First	Middle		Last	4. DATE	Mon	th	Day	Year
	ype or print)	BERTHA	B	H	AMMODD.	DEATH	/ 0	7	4	1959
5 SE	X	6 COLOR OR RACE 7 MAI	RIED NEVER MARRIED	[ ] B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	DER 24 HRS
	'emale	White www			ug. 29, 1889		last birthday) 70 yrs	Months	Days Hours	Min
10a	USUAL OCCUPATIO during most of work	N (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (State	ar fareign co	ountry)	12 CITIZ	EN OF WHAT	COUNTRY?
	Housew	ife	At Home		Ohi			11	SA	
13. F	ATHER'S NAME			- 1	14. MOTHER'S MAIDEN N	IAME		0	L.7.4.6	
	Unkn	own Warren			Unkno	Si cour	hick			
1S V	VAS DECEASED EVER	IN U. S. ARMED FORCES? 116	SOCIAL SECURITY NO	INF	ORMANT		Addr	ess		
(1100,	No	If yes, give war or dates of service)	None	Hrs	Louise M.	Walte	r 2909 F	id+ahd	o Azzo	7.0
1		TH [Enter only one cause per							INTERVAL E	
	PART I DEAT	H WAS CAUSED BY.	a. 7. Par		7:1				ONSET AN	D DEATH
	E840	IMMEDIATE CAUSE (a)	rece ; we		wills				0~	1
	DUE TO									
	Conditions, if an	mediale (								
	cause (a), stating t									
-	lying cause last.	) (c)								
.   ģ	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19 WAS	ORMED?
' §	Euc	obeles the	ililus:							NO
	20a, ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY (	S UNDERLYING [] 20b. DE [] CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in I	Part I or Part	l II af item 18 )			
MEDICAL	Oc. TIME OF INJURY	Manth, Day, Year 20d.	INJURY OCCURRED 20		E OF INJURY (Hame, farm		ar tawn)	{C	ounty)	(State)
	Haur a.m.	19 White	Nat while	facta	ry, street, office bldg., etc	-)				
	p. m.			2 3-	FQ /	<u>i</u>				
-      2	21. I certify the	at I attended the decea		22		3 . //	, 1927,	that I las	t saw the	deceased
	alive an	10-5-,12	2.7, and that d	eath o	ccurred at 2/30.	M, fram	the causes an	d an the	date state	d abave,
						ADDRESS (SI	reet, city or town.	stotel	D#	TE SIGNED
	. "	1/ 1/ 6	1/		,	/	7			
	SIGNATURE 22	Long K. Jan	lager	, M.I	6207 Fre	derl	ch AU	gh- 1	10-5	5%
S		Imus K. Fan	llager	, M.I	0. 6207 Fre	deri	ck Au	e- '	10-5	5%
Š	SIGNATURE 22	Imer K. Ga	Mager 1/2ger	, M.I	0. 6207 Fre	deri	ck Au	Md	10.5	57
720.	PHYSICIAN'S NAME (Type)	Smys K. Jan Smys K. Ga	lager 1/2 ger	M.I	Baltizza	deri	ck Au	Md	/0-3	ale)
220.	PHYSICIAN'S NAME (Type)				Baltiza	deri	28	Md	/0-3 (Sh	:57_
22a.	PHYSICIAN'S NAME (Type)  BURIAL, CREMATION REMOVAL (Specify)	10-7-1959	22c. NAME OF CEMETE Glen Har		Baltizza	deri	CR ALS	Md	Md.	37_ ate)

death. Page 4 funeral director, old be filed with

TO HOSPITAL OF ATTENDING PHYSICIANS: The TOWN TOWN TOWN THE ATTENDING PHYSICIAN TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please reprove carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 77 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 haur by the haspital ar attending physician

VS A15 (4) 15M 9/58



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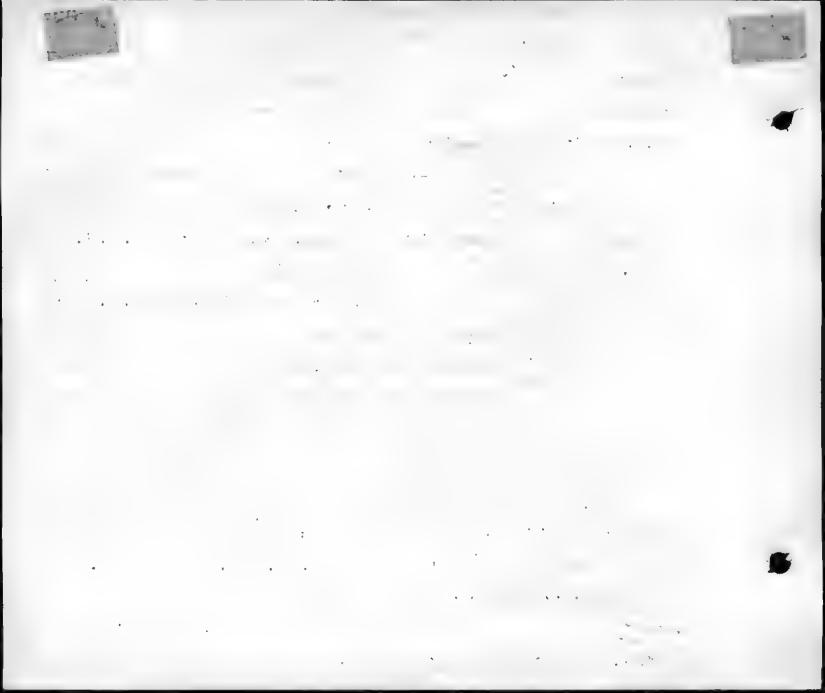
## **CERTIFICATE OF DEATH**

					Kad. Disi	1. 140.
PLACE OF DEATH a. COUNTY Baltimore		MARYLA	2 STATE	(Where deceased lived. If b. Co	institution: Residence DUNTY Dorch	
RURAL and give n		write c. LENGTH OF STAY IN	c. CITY OR TOWN	(If autside carporate simits,	write RURAL and gi	ive nearest tawn)
d NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Administrat	ion Hospital				YES NO X
3. NAME OF DECEASED (Type or print)	First <b>GUY</b>	Middle	HANDLEY	4. DATE OF DEATH OC	Month tober	Day Year 2 1959
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birt		YEAR IF UNDER 24 HRS
Male	11222.00	VIDOWED DIVORCED	- variously ver	896 63	yrs.	
during most of wor  Laborer	ON (Give kind af wark da king life, even if retired)	10b. KIND OF BUSINESS OR  Lumber Mill	Church	ate ar fareign country)  Creek, Maryl.		S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDE			
Fred K. I			Sara Meek	ins		
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or doles of serv  WW I	ES? 16. SOCIAL SECURITY NO.	informant Clinical Recor	ds, VAH, Balti	Address more, Md.F	Division t.Howard/
Canditions, if a gave rise ta is cause (a), stating lying cause last.  PART II OTI	mmediate the under-	ARTERIOSCLEROS  HYPERTROPHY AN  TIONS CONTRIBUTING TO DEAT	D DILATATION C	F THE HEART	ON GIVEN IN PART	PERFORMED?
	MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCC			1B )	YES NO
70c TIME OF INJUI Haur a.m. p. m.	19	While Not while of work of work	De. PLACE OF INJURY (Hame, I factory, street, affice bldg.,	etc }		aunty) (State
		deceased from Septem				
ACTUAL SIGNATURE	have l's	Telford		A_M, from the caus ADDRESS (Street, city at 10.18, MD_FORT	r lawn, state)	DATE SIGNE
PHYSICIAN'S NAME (Type) JO	HN W. CRAWFO	RD, M.D.				
220. BUR AL, CREMATIC REMOVAL (Specify	10-4-59	Greenlaw	Cemetery	22d. LOCATION (City.		(State)
JUNERAL DIRECTO	THE HILL	LICE PODRESS	24a. R	EC'D BY REGISTRAR 24	b. REGISTRAR'S SIG	4 4
Kenneth R	Thomas Fine	ral Home Cambri	dge.Md. DATE	OCT 6 '59	Chrima TE	/ i/with

may be retained the haspital or attending physician.

TO FUNERAL DISSIPATION OF After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after dooff. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF VS A15 (4) 15M 9/5B





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEPUTY VS. A15ME(5) 5M 9/55

11060

e. IS RESIDENCE ON A FARMA YES I NO

Year

IF UNDER 24 HRS

Hourn

INTERVAL BETWEEN QNSET AND DEATH

week

PERFORMED? YES |

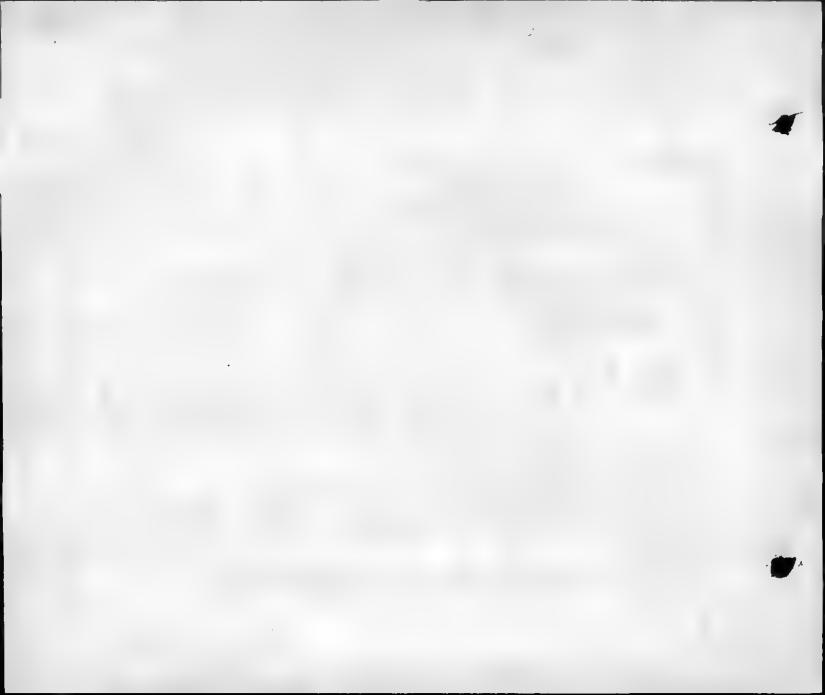
DATE SIGNED

NO I

(State)

190

Day



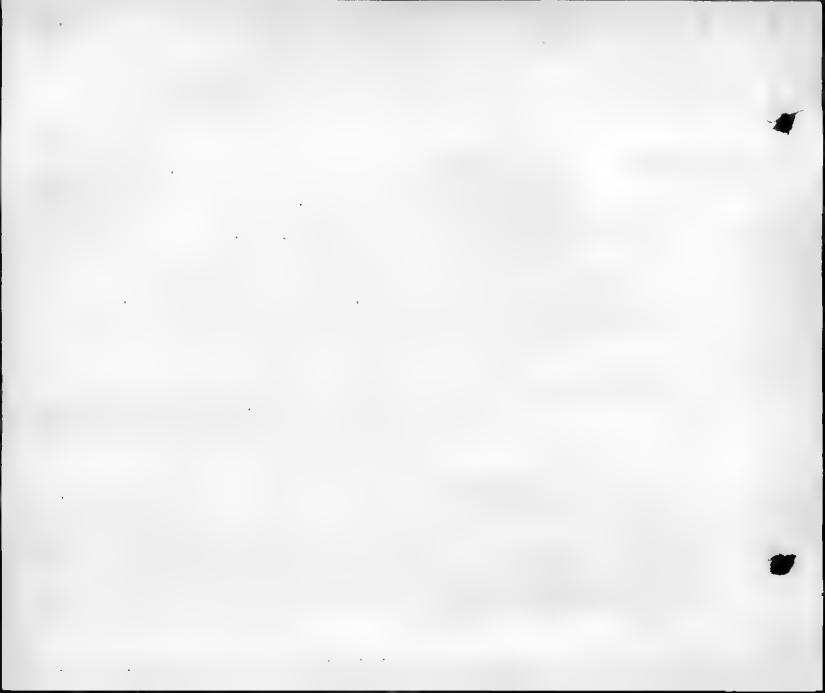
TO HOSPITAL OR

VS A1S (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11093 **CERTIFICATE OF DEATH**  Reg. Dist. No. 11061

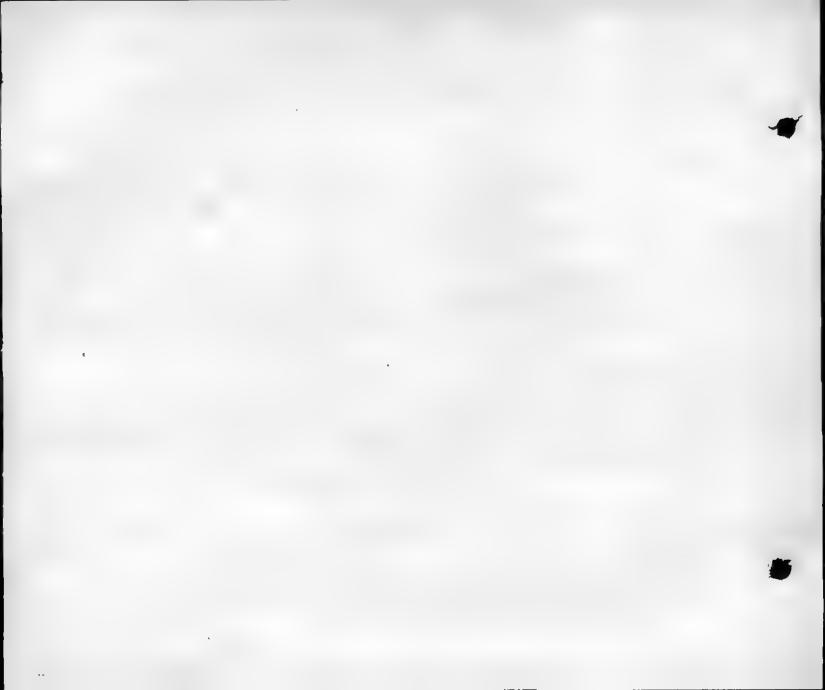
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	ere deceased lived. If institution in the country	Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and eye nearest town) RUPS1. Parkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	JRAL and give nearest town)	
	d NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	ret address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) EARL	RONALD	HEAPS	4. DATE OF Moni	
	Male White WIDO	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Aug. 12,189	63 birthdoyl yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done in during most of working life, even if retired)  TRCLOTY HOTKET	b. KIND OF BUSINESS OR INDU Furniture		ar foreign country)  1 Co.,Md.	USA
	David Heaps		14. MOTHER'S MAIDEN N Elizabeth		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or unknown)  (If yes give wor or dates of service)		NFORMANT Irs. Grace A.	Heaps, Parkton	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LA 22 DUE TO  Canditians, if any, which gave rise to immediate cause (a), stoling the under- lying cause last.  (c)		tic-V o	Liseary	INTERVAL BETWEEN ONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (1)
	1 1 '1	ESCRIBE HOW INJURY OCCURRE			
	Hour o.m. Wh	. INJURY OCCURRED 20e. PL ile Not while for ork of work	ACE OF INJURY (Hame, form, ctory, street, office bldg , etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the dece olive on 19  ACTUAL SIGNATURE ACTUA	ased from		,	that I last sow the deceased and on the date stated above tote)  DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF	Ayres Chapel	R CREMATORY	22d. LOCATION (City, town, or Norrisville, H	county) (Store) arford Co., Md.
	23. FUNERAL DIRECTOR'S SIGNATURE!	ADDRESS Stewartsto	- T		TRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18







12013

e. IS RESIDENCE ON A FARM?

YES NO

Yeor 1959

12 CITIZEN OF WHAT COUNTRY? U. S. A. AddressFt. Howard Div. Clin. Rec., Vet. Adm. Hospital, Balto, 18, Md. INTERVAL BETWEEN LE HOURS UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO (County) (Stote) DATE SIGNED SQ M.D VAH. BALTO. 18 MD. FORT HOWARD DIVISION 10/29 PHYSICIAN'S BALTO.18.MD.FT.HOWARD DIV. JOHN W. CRAWFORD, M.D. NAME (Type) 220. BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Baltimore, Maryland Baltimore Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Fred A. Krause and Son 1216 S. Charles St. arthur & thouse Baltimore, Md.

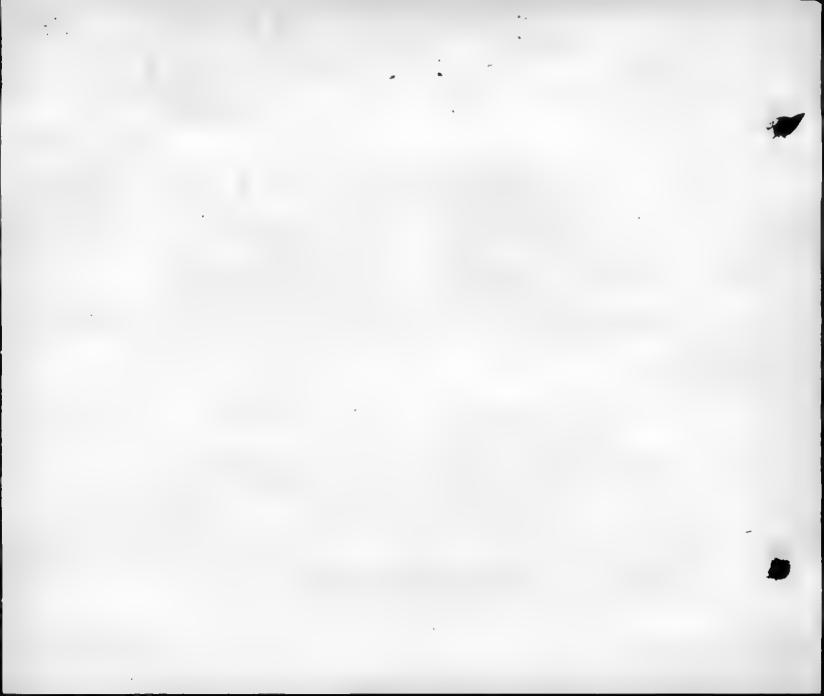
FUNERAL 0 VS A15 (4) 15M 9/5B



/	22000	K49.	DIST. NO.
,	1. PLACE OF DEATH  O. COUNTY O MARYLAND  MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution. Res o. STATE b. COUNTY	uroll
	B. CITY OR TOWN (If outside corporate limits, write RURAL and outside corporate limits, write RURAL and outside corporate limits, write c. LENGTH OF STAY IN 16	Retail - A Mesaethe	nd give nearest fown)
	or Institution Lalife to hospital	L'istreet address	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) JOHN First EDWIN	HOOD 4. DATE OF MONTH	Day Year 19-54
	5. SEX 6. COLOR OR PLACE 7. MARRIED NEVER MARRIED   DIVORCED	1101,28, 1882 76 yrs Mont	DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDU Guring most of working life, events stired)	STRY 11. BIRTHPLACE (State or foreign country) 12.	4. S. A.
	Thateler Hood	Ruth Ohipley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. no or unhanoun) (If yes, give wor or dates of service)  That III	William Hord Of Miller	the yes
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) ACHTE CN'9ES	TIVE HEART FAILLINE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE to PULMOWAR,	Y EDEMA -	IDAY
	gove rise to immediate cause (a), stating the under-lying couse last.  DUE TO (c) CHRONIC (CN9.	HEART FAILUKE-	10 YEARS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 10 Mile Not while of work of work	ACE OF INJURY (Home, form, 20f (City or town) clory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I attended the deceased fram	accurred at 12 NGTM, from the causes and a	I last saw the decease
	SIGNATURE THOMAS & Wheeler	ADDRESS (Street, city or town stole) M.D. 300/ Golfmar RD	- 10/12/59
	PHYSICIAN'S THOMAS E. WHEELER	BALTO - 7 - MD	
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY O BENDVAL (Specify) 10-15-59 MA ZIL	REMEMBERY 220 ADCATION (City, town, or count	in (Stole)
1	23 FUNGRAL PRECTOR'S SIGNATURE	240 REC'D BY REGISTRAR 246. REGISTRAR'S DATE OCT 19'59 Carthur	7 2

Tuneral director, auld be filed with O FUNERAL DISCOR. After this certificate has been signed by the attending physician and campletely filled in by Appage 3 should — etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR may be retain TO FUNERAL D

VS A15 (4) 15M 10/57



VS A15 (4) 1SM 10/57

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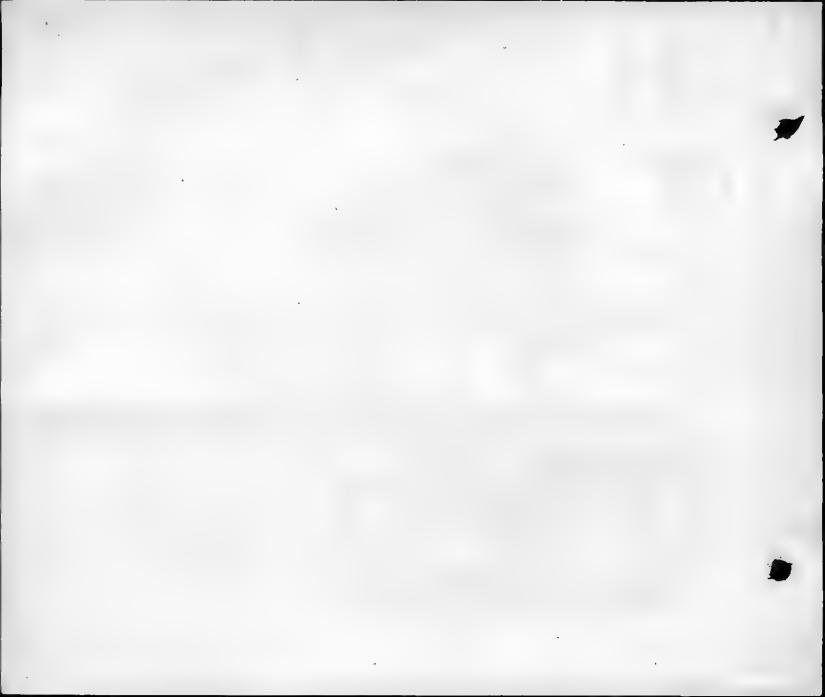
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11098

**CERTIFICATE OF DEATH** 

11066
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Reg. Dist. No.

	1. PLACE OF DEATH		2 USUAL RESIDE	NCE (Where decease	d lived. If institution	Residença bef	are admission	n)
	a county Baltimore	MARYLAND	o. STATE MC	i.	b COUNTY	Baltim	ore	
	b CITY OR TOWN (If outside corporate fimils, write c. RURAL and give nearest lawn)	LENGTH OF STAY IN 16		WN (If outside corpo		RAL and give no	rarest tawn)	
	Reisterstown	3yrs	X Ref	lstersto	nn			
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	ress)	d STREET AD				e IS RESID	ENCE
	Berrymans Lane		/ Berry	mans Lai	ne		ON A F	
	NAME OF First DECEASED (Type or print) Harley K	Middle emp Hor	ner	4. DATE OF DEATH	Oct e 15		lay Yes	59
	S. SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	F JNDER 1 YEA		
	Male White WIDOWED		Aug. 25	,1908	lost birthday) 51 yrs.	Manths Doys	Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b KIN during most of working life, even if refired). Maintenance Mechanic Ko	ppers Co.	TRY 11. BIRTHPLAC		ountry)	12. CITIZEN	OF WHAT C	OUNTRY?
1	13. FATHER'S NAME	PPO+D OO	14 MOTHER'S N					
)	Edward Baker Horner			Kemp				
	(Yes, no or unknown) ; (If yes, give war or dates of service)		VFORMANT PS.Minde	ell E.Ho:	Addre		own.N	íd.
)	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  4 2 0  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CON  PART II OTHER SIGNIFICANT CONDITIONS CON  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	renery 1				ON	19. WAS AU PERFORA	TOPSY AED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJUI Heur p. m. 19 of work	Nat while tac	CE OF INJURY (Ho lary, street, office b	me, form, 20f. (City ldg., etc.)	er tawn)	(County	)	(Slote)
	Purial Oct.17/59  23. FUNERAL DIRECTOR'S SIGNATURE	Re NAME OF CEMETERY OF Woodlawn	occurred at 2	ADDRESS (ST	Iton (City, town, or 11 awn, Md	d on the do	DATI	abave signed
	J.F.Eline & Sons, Reist	erstown, Md	•	ATE	OCT 2 0 '59	_	11 - 0	4-



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11099	CERTIFIC	AIL OI DEAII	Reg. Di	st. No.
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE  Marvland	ere deceased lived. If institution Residential b. COUNTY	ce before admission)
b CITY OR TOWN (If outside corporate limits, writ	c LENGTH OF STAY IN 16		utside corporate limits, write RURAL and g	give nearest town)
Fort Howard	52 Days	Baltimore	(1)	7) :
d. NAME OF HOSPITAL (If not in hospital, give stri	ret address)	d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administrat	ion Hospital	819 North A	rlington Avenue	YES NO
3 NAME OF Served as: First JO (Type or print) JOHN	HNNIE Middle (NM	I)HUDNAEL) HUDNALL	4. DATE Month OF DEATH October	16 1959
· ·	ARRIED NEVER MARRIED	8. DATE OF BIRTH	lost highday) same	1 YEAR IF UNDER 24 HRS Days Hours Min
	OWED DIVORCED	March 15,1892	C Of yrs.	Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	Ob KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (State	or foreign country) 12.CITI	ZEN OF WHAT COUNTRY
Longshoreman	Shipping	Baltimore,		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Silas Hudnall		Georgianna	Dunway	
15. WAS DECEASED EVER IN U. S ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Address	
Yes (Yes, no, or unknown) (If yes, give war or dates of service)	215-01-18hl C	lin.Records.VA	H.BALTO.18 MD. FORT	HOWARD DIV.
1B. CAUSE OF DEATH [Enter only one cause pe				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	EPTICEMIA			UNKNOWN
2040 DUE TO	THE CHOICE AND ADDRESS OF THE PARTY OF THE P	•	•	- GREATICING
Canditions, if ony, which )	ONE-MARROW APLA	STA		UNKNOWN
gove rise to immediate	OHD INDUCTION IN ALL			
	HRONIC LYMPHOCY	TIC LEUKEMIA		UNKNOWN
PART II OTHER SIGNIFICANT COND. TION			nal disease condition given in Par	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO.
	DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in l	Part I or Part II of stem 18.)	
Hour o m. Wh	1 INJURY OCCURRED 20e P	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc	, 20f (City or town) (C	County) (Stote)
21. I certify that attended the dece	eased from August 2	5 1959 to Oc	tober 16 1959 18000	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
			ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE DANIEL A.	neves	M.D. VAH, BALTO. 1	8,MD.,FT.HOWARD_MD	
PHYSICIAN'S DANIEL A. NIEVES	, M.D.	VAH, BALTO 1	8,MD. FT.HOWARD MD.	10/17/59
220 BURIAL CREMATION, 22b. DATE THEREOF, REMOVAL (Specify)	22c NAME OF CEMETERY		22d LOCATION (City, tawn, or caunty)	(State)
Removal /0 / 7/3	1 Private		Northumberland Cour	
23 ELINERAL DIRECTOR'S SIGNATURE	ADDRESS TROS N	Monnoe St. men	DE DECISTRAD 245 DECISTRADIS SIG	CHIATURE

Balto., Md.

y the hospital or ottending physicion.

Y the hospital or ottending physicion and campletely filled in by a process. After this certificate has been signed by the alease remove carbon papers. Pages 1 and 2 requires that the death certificate be executed within 24 hours Then please remove carbon popers. event within 72 haurs ofter death. in any page 3 shauld be detached for use as the burial-transit the registrar prior to buriol, crematian, or remaval, and TO HOSPITAL OF may be retain

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Arlington S. Phillips Funeral

VS A15 (4) 15M 9/58



Baltimore 29, Md.

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VS A15 (4)

15M 9/58

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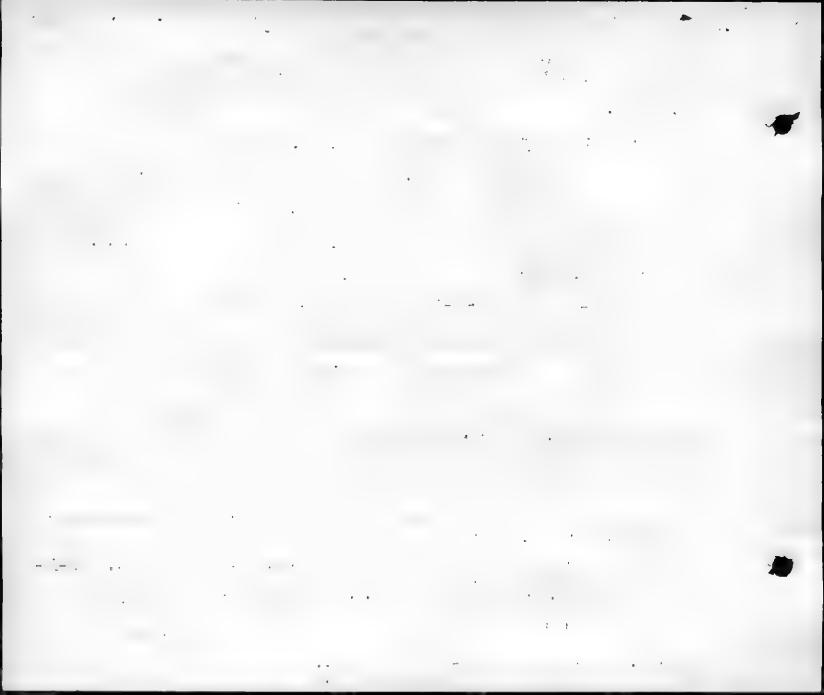
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission a. COUNTY Baltimore · STATE Md. b COUNTY Baltimore MARYLAND b. CITY OR TOWN It aviside corporate limits, write IIL RAS c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Owings Mills yrs. Owings Mills d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 11138 Reisterstown Road 11138 Reisterstown Road YES NO T 3. NAME OF Middle Month Susan Adele Hunt Oct 6,1959 (Type or print) DEATH 19 4 COLOR OR RACE 7. MARRIED T NEVER MARRIED D B DATE OF BIRTH OCT . 28, 1898 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Hours Female White WIDOWED [7] DIVORCED [ 100 USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

"during most of working life, even if refired?

Housewife

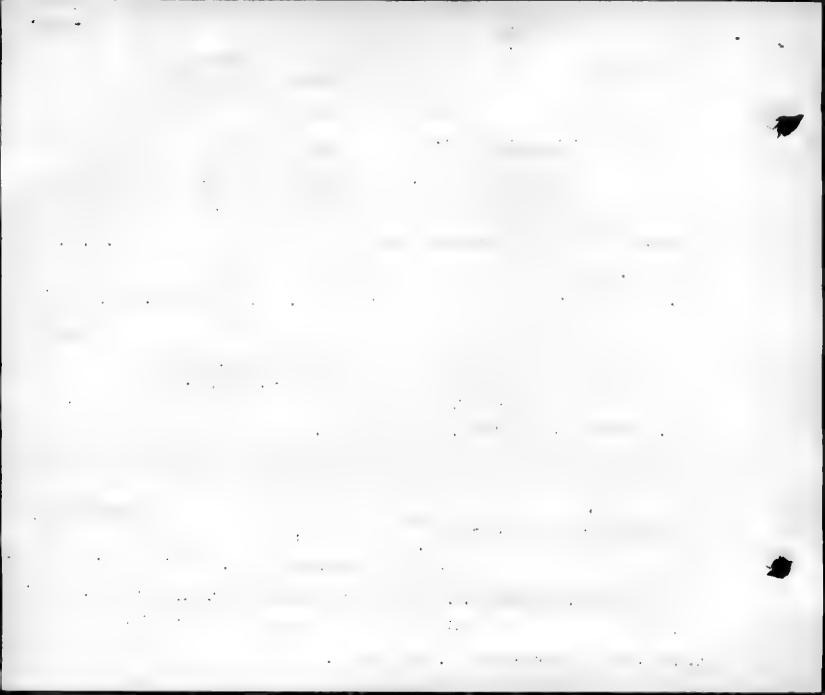
Maryland 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carroll. Unknown 16 SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Jacob B. Hunt Owings Mills . Md. None Νo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial Ischemia 10 days IMMEDIATE CAUSE (a) 420.1 DUE TO Arteriosclerotic C-V Disease Conditions, if ony, which gove rise to immediate couse DUE TO (0), staling the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Barbiturate Depression, Mental Depression NO T 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. none 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 120f, (City or fown) (County) (State) factory, street, office bldg., etc.) none none of work of work mone 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection 😿, Inquiry 🔀 Suicide . Homicide . Undetermined manner apinion death resulted from Natural causes 🛣 Accident 🗍 ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10-8-59 **EXAMINER'S** D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER DE NAME (Type) 220 BURIAL CREMATION, 276 DATE THEREOF REMOVAL (Specify) 122c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Pikesville. Md. Burtal Oct.9\_1959 23, FUNERAL D RECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S. A15ME Burgee Funeral Home, 3631 Falls Rd. Balto 1 Jurges



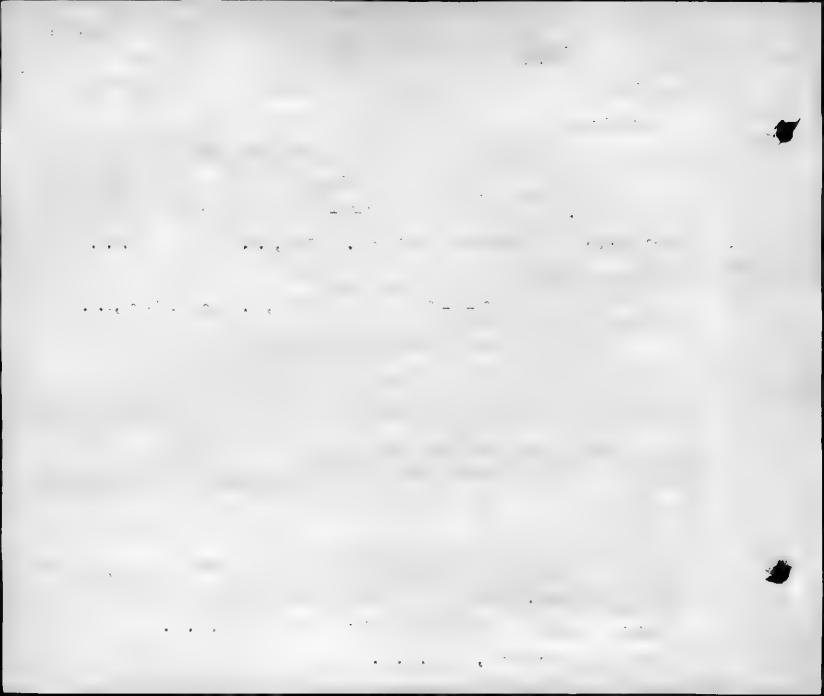
MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11102	CERTIFICATE	OF	DEATH	

Reg. Dist. No.

)	1, E	PLACE OF DEATH  a. COUNTY  Baltin	nore		MARYLAN		o. STATE  Maryland	here decease	b COUNTY		e before or	dmission)	. 1
	ŀ		f outs de corporate limits, corest town)		NGTH OF STAY IN 1	Ь	c. city or town (if c	outside corpo	rote limits, write l	RURAL and g	ive nearest	town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address)				d. STREET ADDRESS				e. IS	RESIDENC	CE		
		Veterans	Administrat:	ion Hos	spital		Route 1.	Box 28	2			S NO	
	3. [	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Ма	nth	Day	Yeor	
		(Type or print)	LESTER		L.	. (	JACKSON	DEATH	October		1	19 6	59
	5 5	SEX	6. COLOR OR RACE 7	MARRIED T	NEVER MARRIED	3 8 6	ATE OF BIRTH		9. AGE (In years (gst birthday)			1	
	•	Male	White "	IDOWED 🗌	DIVORCED [	J	ily 7, 1895		64 yrs	iardiliu?	Days Ho	urs Mi	in .
	10a	. USUA. OCCUPATIO	ON (Give kind of work don king life, even if retired)	e 10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12 CITIZ	EN OF WH	IAT COUNT	TRY?
	S	alesman	ing me, even il terreoj	Plum	oing Compa	nv	Mayo, Mar	vland		U	J. S.	A.	
		FATHER'S NAME				1	4. MOTHER'S MAIDEN						
	Le	ander C.	Jackson				Pertrude M.	Cummi	ngs				
			R IN U S ARMED FORCE		L SECURITY NO.		RMANT			lress	Divis	sion,	
	Y	es	(If yes, pive war or dates of serve	.01	C	lin	ical Rec., V	AH, Bal	timore, P	id.Fort	HOW	ard/	
		1B. CAUSE OF DEA	TH [Enter only one couse	per line far	(a), (b), and (c).]						INTERVA	L BETWEE	N
		PART I. DEA	TH WAS CAUSED BY:	CACHEX	<b>LA</b>						3 We	NO DEAT	124
		177×	DUE TO						•				
		Conditions, if o		CARCIN	OMA OF THE	PR	OSTATE WITH	TNVAS	TON THTO	THE			
		gave rise to i	mmediote XXXX				METASTASIS				-		
		lying couse last.	TIPO OTTOO		M. LIVER A			10 11	ACLI ONE OF	,,	2 V	ars_	
	Z							INA. DISEAS	E CONDITION GI	VEN IN PART	1(o) 19 V	AS ALTO	PSY
ì	CATIO	OLD FIBROUS CALCIFIC NODULE, APEX RIGHT LUNG.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?  YES NO											
	CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE I	HOW INJURY OCCUI	RRED. (I	inter noture of injury in	Port I or Por	t II of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour u. m. p. m.	Y Manth, Day, Year 19		OCCURRED 20e Not while		OF INJURY (Home, form, street, office bldg, etc.)		or town)	(C	ounty)	(5)	tote)
		21 I certify th	aty oftended the d	eceased fr	orSeptember	r 10	1959 1Dct	cober	159	Ye ein ei		XXXXX	X
		XXXXXXXXXXXXXXXXXXX					curred at 7:00F						
				,	, /			ADDRESS (5	treet, city or town	stote)	2010 316	DATE SIG	NED
		ACTUAL SIGNATURE	tin W.	necu;	Ford	МΩ	VAH, BALTO,	18.MD	FORT HO	IARD D	IVISI	ON 10	)/2
		SIGNATURE		-	110							1.0	
/		PHYSICIAN'S NAME (Type)TC	HN W. CRAWE	א מפו	D		VAH. BALTI	MORE.	MD.FT.HO	VARD D	IVISI		1/5
	220	BURIAL, CREMATIC REMOVAL (Specify)	N. 22b. DATE THEREOF			y or co	REMATORY Cemeter		ION (City, town,			(State)	A 2.
		FUNERAL DIRECTOR		-/	ADDRESS		-	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	AVATURE		
1		L. Hopping	the car is the contract of the car is a second	West	St., Annap	olis		0.15	40.4	william 2	Trans.		



MARYLAND STATE DEPARTMENT OF HEALTH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) . COUNTY **b.** COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) write RURAL and give nearest town] d. STREET Approdalk for a. IS RESIDENCE s1, 2, and 3 to the funers; of age 5 may be retained for 1 and 2 with the State Boa 72 hours after death. ON A FARM? 201 Clinton Lane YES NO TE 3. NAME OF First Middle 4. DATE Lasi DECEASED DEATH (Type or print) 1959 Jeffreys Andrew OCtober 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In yeers lest birthdey) WIDOWED [ Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Pages 1, done during most of working life, even if retired) U.S.A. Bethlehem Steel Corp. Steel worker Milton, N. C. PM3. Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maude Danner Jeffreys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give we ror deles of service) permit. Maude Jeffreys, Rt. #1, Box 7, Milton, N.C. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot Wounds of chest and abdomen IMMEDIATE CAUSE (e) Office **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying Examiner' SB cause lest. Se used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word NO Medical pinous 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter network of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot during altercation forwarded to the Chief L DIRECTOR: Page 3 2Dd. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) fectory, street, office bldg., etc.) While el work et work ease exect the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 😓. Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Charles S. Petty Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226, DATE THEREOF 22d, LOCATION (City, lown, or country) (Steta) REMOVAL (Specify) 40 8 Macedonia Baptist Milton, N. C. Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Orthur S. Thous VS. A15ME Huco Plenty Funeral Home, Milton, N. C. 5M 7/59



VS A15 (4) 15M 9/5B

11072 Reg. Dist. No. BALTO. e IS RESIDENCE ON A FARM? YES NO 1 Day Year 10-14 19 3 IF UNDER 1 YEAR IF UNDER 24 HRS Manths

		String most of working life, even if retired)  Ship Goo, Co.	7ARI	land	12.CITIZEN OF WHATCOUNTRY
	13.	13. FATHER'S NAME	S MAIDEN N	AME /	
		William JERRENTRUPP MA	LRY	NOFF-140	47
	15 (Yes	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT (Yes. no. or unknown) (Hyper, give war or dates of service)	,	Address	
	_	NO FAMIL	7	٥4	me_
		1B. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c) ]	-	$\gamma$ / / .	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY. CX CULE COroh.	eng	/h10m60515	
		Canditions, if any, which)	518	e arterio-	3-410-
		gove rise to immediate	1/2 0	1111	3 I pour
		couse (a), stating the under- lying cause lost.  (c)	year,	10000	
0	CERTIFICATION		TO THE TERMIN	NAL D SEASE CONDITION GIVEN	1N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
			of injury in Po	art I or Port II af item 18.)	
	MEDICAL	S 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m.  19 While Not while of work of wo	(Hame, farm, ice bldg., etc.)	20f (City or town)	(Caunty) (State)
		21. I certify that I attended the deceased from more 14, 19	J, to 10	/14 19.5JTh	at I last saw the deceased
		alive an June 12 19 gnd that death accurred a	12/2/	M, from the causes and	an the date stated above.
		ACTUAL PLACE THE CHILD	PA	DDRESS (Street, city or town, sto	nte) DATE SIGNED
		SIGNATURE M.DS	737	6 reigionst	DITA 1690 10/19
1		PHYSICIAN'S JULIUS C. GLUCK, M.D. 1	Balt	move15, M	491
	22a	22a. BURIAL, CREMATION 22b. DATE THEREOF BENOVAL (Specify) 10 - 17 - 07 Bis LTO, Cens		22d. LOCATION (City, town, ar a	county) (State)
	23	23 FUNERAL DIRECTOR'S SYGNATURE ADDRESS	1	BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
	1	ne Cully french Nones 130 E. fortale	DATE	OCT 1 9 '59 CL	ilms S. Krang



# FOR STATE HEALTH DEP

TO DEPUTY DICAL EXAMINER. This certificate should be executed within 24 hours after death, if any delignesses a security, please executed within 24 hours after death, if any delignesses a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Bage 5 may be refined for year files.

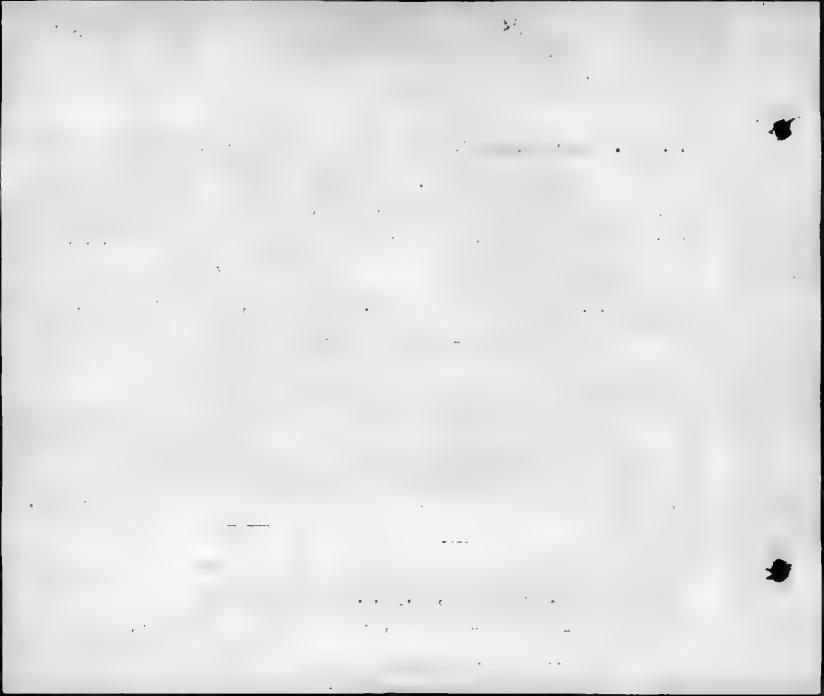
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burlat, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MADVIAND STATE DEDADTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA AMERICAL EXAMINER'S CEPTIFICATE OF DEATH	
MEDICAL EVAMINED'S CERTIFICATE OF DEATH	EPH.
11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
o. COUNTY BALTIMORE MARYLAND	e. STATE MARYLAND b. COUNTY
b. CITY OR YOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
I I I I I I I I I I I I I I I I I I I	BALTIMORE 3vo1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
U.S.40 nr. Chesaco intersection	5146 Narcissus Avenue YES NO
3. NAME OF First Middle DECEASED	Last 4, DATE Month Day Year of
(Type or print) ERNEST T.	JOHNSON DEATH October 29 1959
THE TOTAL METER ME	DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.
	uly 20,1920 39 yrs.
1 done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Deck Officer Merchant Marine	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown) Johnson	Anna (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown)   (Ifyesgivowarordatesofservice)	
V -	Rosel Johnson, 5446 Narcissus Ave, ZONE 15
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Blunt-force head	injury
1/6× DUE TO	
Conditions, if eny, which (b)	NAME ALIGNMAN A STOCK OF THE PARTY OF THE PA
geve rise to immediate cause (a), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO L
PRIMARY P or CONTRIBUTING □	Enter-neture of injury in Part I or Part II of Item 18.)
	o-truck collision
Hour 30 h. While Not While 12 feet	ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
20:55 p.m. 10/29 19 59 et wark □ et work 1	Road Baltimore Md.
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner
10 10 1/3 A 1 226	CHIEF MEDICAL EXAMINER
SIGNATURE OF SIGNATURE	M D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 10/30/59
NAME (Type)  W. Bradley King, Jr., M.  22e, BURIAL, CREMATION, 22b, DATE THEREOF  22c, NAME OF CEMETERY OF	
REMOVAL (Specify)	
BURIAL 11-2-59   Latomoment to	rraine Mauseleum, Woodlawn, Md
	NOV 3 59 COMMA 2, 70000
William Cook, Inc., 1217 St. Paul Street	DATE



13498 Calhoun St.

Kelson Funeral Home Baltimore 17. Md.

Baltimore

24a, REC'D BY REGISTRAR

DATE OCT 1 9 '59

24b. REGISTRAR'S SIGNATURE

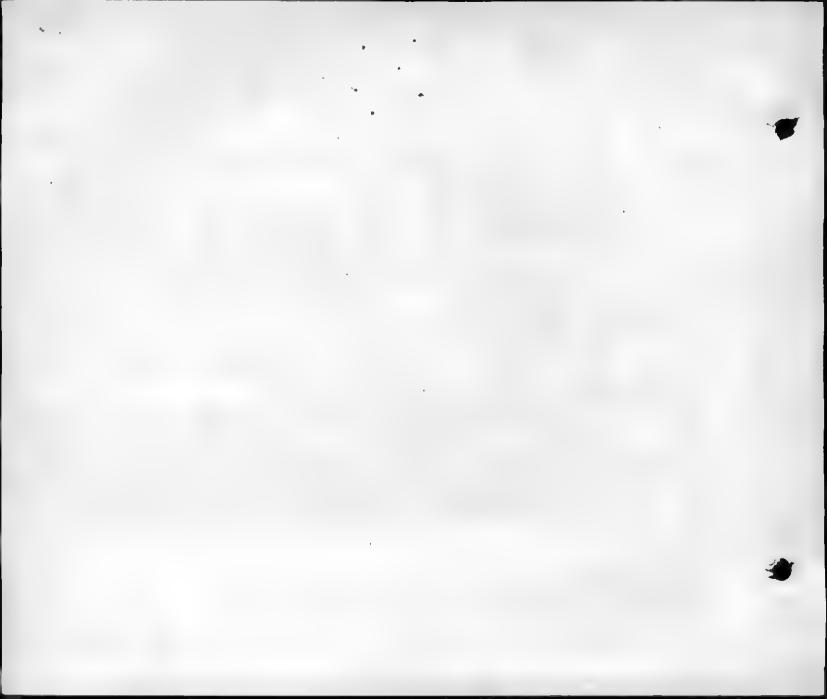
Cirting & House

0 VS A1S (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

( B . 1 15

1	Εt	em 20 Film 251MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  11106  Reg. Dist. No.
SSIE	ī.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  3. OCUNITY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  5. COUNTY  B. COUNTY  B. A.L.T. O  MARYLAND
A Head		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS  ON A FARM?
oy is orned corned	3.	NAME OF First Middle Lost 4. DATE Month Doy Year
The State of the S		DECEASED (Type or print) DARLENE M KAPPEL DEATH Clot. 28 1959
3 to moy h	5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED S DATE OF BIRTH  9. AGE In your left Under 1 YEAR IF UNDER 24 HRS  WILL T F WIDOWED DIVORCED 9-7-59  WILL T F WIDOWED DIVORCED 9-7-59  WILL T F WIDOWED DIVORCED 9-7-59
deoth. 2, and age 5 and 2 72 ho	10	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY
within p. P.	13	FATHER'S NAME
T Pour Pour	1	Was DECEASED EVER IN U. S. ARMED FOOLES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
S S S S S S S S S S S S S S S S S S S	14	Leray Lappel (Sume as alsowe)
ond in		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)
fice of fice o		921.0 DUE TO
g ve gericler		Conditions, if any, which governse to immediate course (e), stating the underlying OUE TO
should grin grin smine ss a b ion, o	-	COURS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY
Sendin pendin ol Exc exed c remoti	CATO	PARE II, OTHER SIGNIFICATO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARE 1(0) 137, WAS AUTOPS PERFORMED?  YES NO
Area ord	CERTIF	200. EXTERNAL CAUSE WAS   200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18)   Patient vomited in sleep and aspirated vomitus
Chief The Top of the T	DICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (Caunty) (State)  Hour
riling o the Poge prior	1	2 p.m. 10-28 19 59 of work of work of Home Baltimore ?2 Balto Md  21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
ote, v ote, v ded t TOR: gent,		opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
6 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		SIGNATURE SIGNATURE ALLE SIGNED CHIEF MEDICAL EXAMINER [] DATE SIGNED
the label be signed		ASSISTANT MEDICAL EXAMINER []
Cute house UNER its de	77	NAME (Type) ACL COLLINS DEPUTY MEDICAL EXAMINER (Z)  BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Nown, or county) (State)  REMOVAL (Specify)
1 4 5 g	22	FUNERAL GIRECTORYSIGNALUSE ADDRESS & ACRED HEART BALTO, CO. MO.
VS. A15ME 5M 2/57		John Growelly 418 Gastern Glid DATE NOV 2 '59 Cortland & Trans
	1	21412 4x 5



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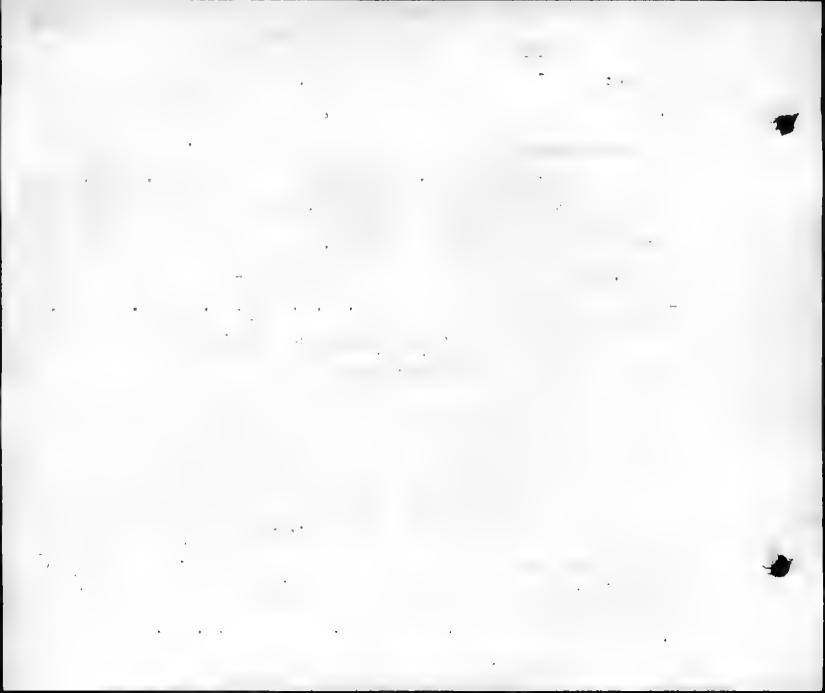
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VS A1S (4)

**1SM 9/SB** 

filed



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

death

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

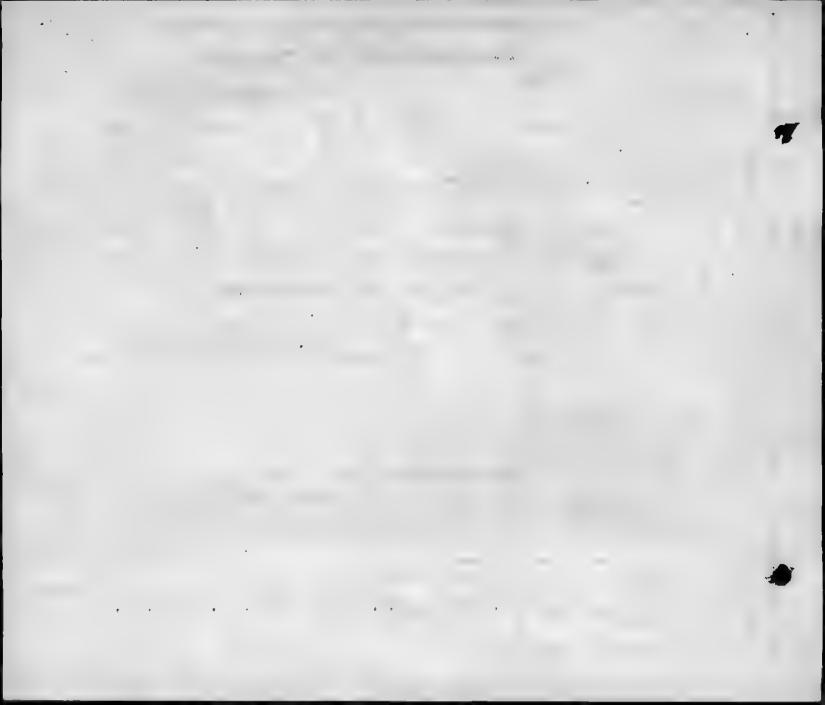
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Reg. Dist. No.

# CERTIFICATE OF DEATH

- 1	- L L U G	
=	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
П	COUNTY Baltimore MARYLAND	STATE MARY COUNTY Taltund
-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
	OR and give negest town Town Mt. Wilson (in this place)	TOWN Street
-	HOSPITAL OR	STREET (If rurel give location)
	STREET ADDRESS Mt. Wilson State Hospital	ADDRESS / D, 其
-	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) Raymone Albert	PELL DEATH TAT & 1050
-	5. SEX   6. COLOR OR / 1 7. SINGLE, MARRIED,   B. DATE O	F BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HR.
	RACE WIDOWED, DIVORCED, (Specify) WAY 10	( - WOC 50 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT
	done during most of working life, even if retired) A	Political P COUNTRY?
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tanne of solve	Mary Ide Hold
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	The state of the s
- 4	No. 1 and 1 May a decision of the last of	
-	18. MEDICAL CER	Mt. Wilson State Hospital
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	IMMEDIATE CAUSE (A) Larsing	ma of Lung 9 mont
	ANTECEDENT CAUSE(S) DUE TO	
1	DISEASES OR CONDITIONS, IF ANY, (B) SIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO		
-	(C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
П	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
-	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, 20 CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
-	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
_	M. et work et work	
.   2	22. I hereby certify that I attended the deceased from 1955, to 1955, to 1955, that I last saw the deceased	
	alive on 10 19 19 and that death occurred at	M. from the causes and on the date stated above.
TOW W	BIGNATURE	ADDRESS (Street, city, town, stell) DATE BIGNER
7.55 _ -		Superintendent, Mt. Wilson, Md.
Į.	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stele)
A130	Bureal 10/12/59 Int. Pleasant	(U.B.) Tarrentono, max.
	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURES
	OCT 1 3 '59 Circles & Track	Charles E. Asit Joseph all





ARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18	1107
1110	CERTIFICATE	OF	DEATH		TTA.
1110	CERTIFICATE	Or	DEATH	Reg. D	Dist. No.

00	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
oward	11110 C	ERTIFICATE OF D	EATH	Reg. Dist. No				
111	1. PLACE OF DEATH a. COUNTY  RAHIMORE	MARYLAND 2. USUAL RESID	ENCE (Where deceased lived. b.	If institution: Residence before	ore admission)			
pt at	RURAL and give nearest town	OF STAY IN 16 CITY OR TO	OWN (If autside corporate limit	ts, write RURAL and give ne	arest fown)			
crypt emeter	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d, STREET AC	DDRESS // Ath	JALEROAL	e. IS RESIDENCE ON A FARM?			
祖の	3. NAME OF DECEASED	Middle Last	4. DATE	, Month D	YES NO NO			
ily Lawn	(Type or print)  S. SEX  G. COLOR OR RACE  T. MAIRIED   NEVE	Ador KESTI	N9 DEATH OC 9. AGE		1959, HF UNDER 24 HRS			
brar	FEMALE WhiTE WIDOWED TO 100 USUAL OCCUPATION (Give kind of work done) Mr. KIND OF RIS	DIVORCED   FEBRUAL	RV 14,1875 8	Months Days	Haurs Min			
temporaril n Crest La	HOUSE WITE OWN	HOME 1	MISSOURI	i U.	S. A			
9 5	DANIEL ShAf	ER 14 MOTHER'S	WAIDEN NAME  UN 1	KNOWN				
terrec	15. WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECU (Yes, no. or withown) (If yes, give wer or dotes of service) NONE	CATHERINE	KESTING 6/2	1 NORTH OR	18 Rd			
ng, inte	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY:	ond (c)]	ADTERIAS C	LERUCIC INT	ERVAL BETWEEN SET AND DEATH			
.Kesting, to be int	IMMEDIATE CAUSE (6) UE TO	007511111	777-1-101-03	,	o grs			
H	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO							
Grace	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THETERMINAL DISEASE COND!	TION G VEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO			
9%		NJURY OCCURRED. (Enter noture of	injury in Port I or Port II of ite	m 18 }				
sed Mrs. Cemetery	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Hour a. m p. m. 19 of work of of work	lefactary, street, office		(County)	(Stote)			
arl .	27. I certify that I attended the deceased fram_		to OCT. 6	19_2, that I last say				
The deceased	alive on OT 3, 1931, on	nd that death accurred at_	ADDRESS (Street, city		stated above.  DATE SIGNED			
Wood	PHYSICIAN'S ALA OMAN R	M.D.	M.D.	A Jan I M				
	220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	OF CEMETERY OR CREMATORY	22d LOCATION (Cit	ty, town, ar county)	(Stote)			
Woodl		llawn, Temporari]			DC			
	Easton Sons, Catonsville	28. Mac.	DATENT 9 159	246. REGISTRAR'S SIGNATU Clarky & Home				

death. Page 4 and campletely filled in by the funeral director, to papers. Pages 1 and 2 shauld be filed with executed within 24 hours of TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate to may be retain.

TO FUNERAL DINKCIOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remake carbot the registrar prior to burial, cremation, ar remakal, and in any event within 72 hours defined the configuration of the configuration VS A15 (4) 15M 9/58

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	S. CERTIFICA			leg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Who	re deceased lived. If institutions	Residence before admission)
Baltimore	MARYLAND	o STATE Maryla	nd. b. COUNTY	Baltimore
b. CITY OR TOWN (If autside corporate limits, wr	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	stride carparate limits, write RUR	AL and give nearest town) ~
RURAL and give nearest town) Dumdalk	46 years	Dundalk		
d NAME OF HOSPITAL (IF not in hospital, give st OR INSTITUTION	(reet address)	d. STREET ADDRESS		e. IS RESIDENCE
3116 Yorkwa	ty	/ 3116 Yo	rkway	YES NO
3. NAME OF First	Middle	lost	4. DATE Month	Day Year
(Type or print) PAUL	KTZW	IAN	OF DEATH Octob	er 4, 1959 19
5. SEX 6. COLOR OR RACE 7. J	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male White wo	OOWED TO DIVORCED	Jan. 23, 189		Aonths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane	TOB. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Machinist		Hungary		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Peter Kizman		Margaret	Shepenthal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Address	
[Yes, no or unknown] [If yes, give war or dates of service]	V	lm. Kizmen 343	8 Logan View Dr	ive
18. CAUSE OF DEATH [Enter only one couse p	per line far (a), (b), and (c)	4	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	Coronary	1 arount	2120	ONSET AND DEATH
DUE TO		- /	^ .	
Conditions if you which )	Colonary	Chixeria	Schare	o. 4 Year
gave rise to immediate ( DUS TO				0
lying couse last.	·			
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY
NE SELECTION OF THE SEL				PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION  200- ACCIDENT WAS UNDERLYING  201- CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art f or Port 11 of item 18 )	
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 2		ACE OF INJURY (Home, farm,		(County) (State)
	Vhile Not while to	ctory, street, affice bldg., etc.		
		1952 to C	2015	N-A 1 1-A Ab
21. I certify that I attended the dec	179			that I last saw the deceased
olive on	1922 and that death			d on the dote stated above
ACTUAL ACTUAL	meerod	2000	Han be and	NO 11-5-5
SIGNATURE	20000	M.D		
PHYSICIAN'S 13. W	SOLLOD, Y	U.D.	-delle	-22-LD
220. BURIAL, CREMATION 226, DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or	county) (State)
Burrel (Specify) 10/7/59	Oak Lawn C	enetery	Colgate, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADORESS	240. REC'C		AR'S SIGNATURE
Ullrich Funeral Home D	undalk, Md.	DATE (	OCT 7'59 a	Rhun & Kraus

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is by the hospital ar attending physician.

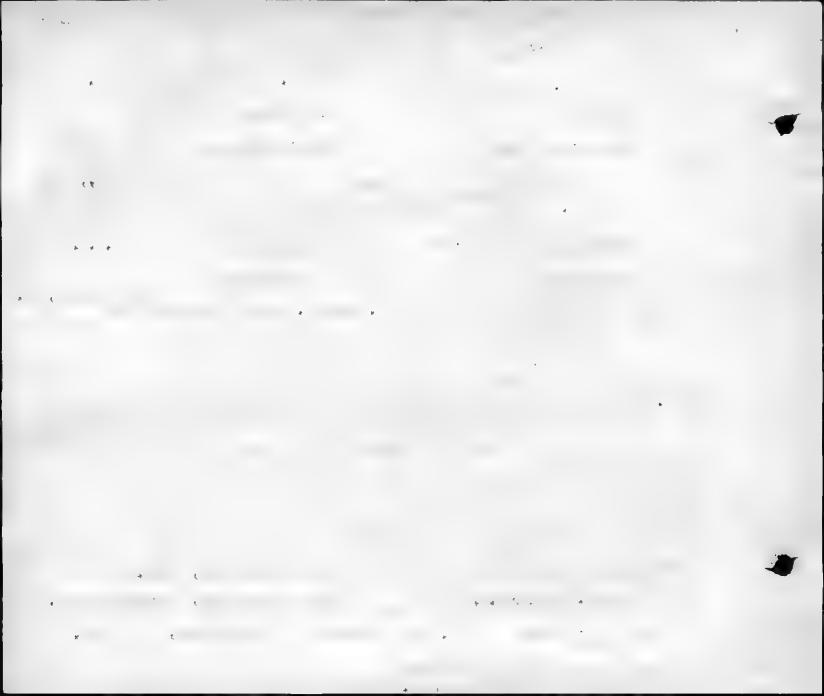
CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. It is detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with prior to burial, cremation, ar remaral, and in any event within 72 haurs Offer death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR TO FUNERAL Page 3 shauld VS A15 (4) 15M 97S5

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that the death certificate



**CERTIFICATE OF DEATH** 

Ren. Dist. No.

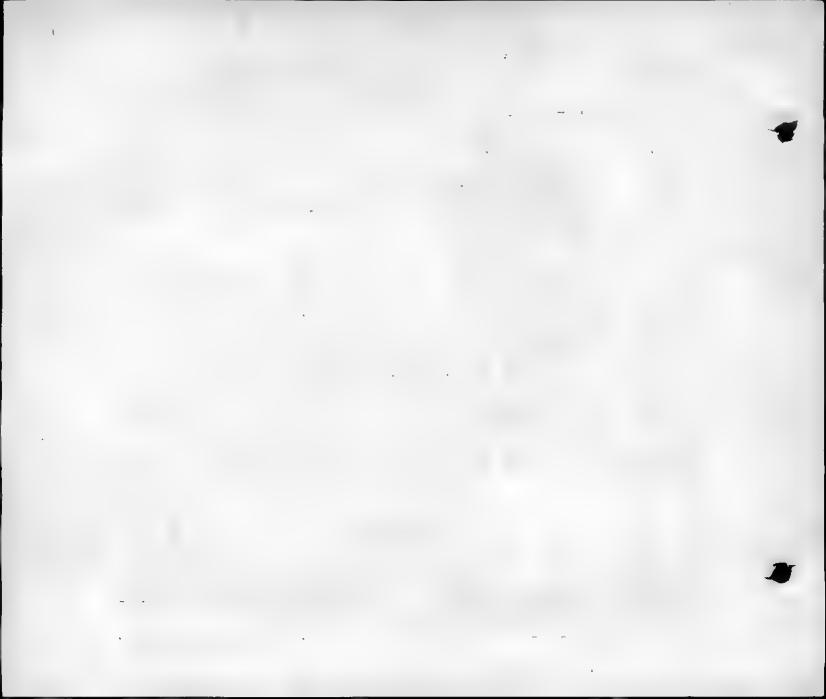
	1. PLACE OF DEATH o. COUNTY Bal	to.	A 5	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease Md.	d lived. If institute b COUNTY		pefare admi:	ision)		
	b. CITY OR TOWN (II RURAL and give ne TOWSO)		ts, write	c. LENGTH OF STAY IN 16	Baltimore		(If outside corporate limits, write RURAL and give nearest town)					
*	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 531 Stevenson Lane Holly Hill Mursing Home			d. STREET ADDRES		St.		ON	SIDENCE A FARM?			
	3. NAME OF DECEASED (Type or print)	Fir MA		Middle	KOLB	4. DATE OF DEATH	Mor O	ot.	18,	Yeor 19 59		
	s sex female	6. COLOR OR RACE	7. MARRIE	DIVORCED	B. DATE OF BIRTH	376	9. AGE (In years last birthday)	Months Da				
	100 USUAL OCCUPATIO		done 10b. K	IND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (S		country)	12 CITIZE	NOF WHAT	COUNTRY?		
,	13 FATHER'S NAME	14. MOTHER'S MAID	EN NAME									
	Robert Mar	shall			Kathe	erine Jo	nes					
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFORMANT		Add	iress				
	no none Mrs. Richard D. Cole - 625 Valley Lane											
	O I	the under-	1	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	FERMINAL DISEA	SE CONDITION GO	VEN IN PART 1	a) 19, WAS	AUTOPSY ORMED?		
	Z								YES [	NO (4		
	U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCUR	KED. (Enter nature of injur	y in rout tor ro	rr ii or item 16.j					
	20c TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Y <del>o</del> 19	While	Not while of wark	PLACE OF INJURY (Home, foctory, street, office bldg.		y or town)	(Сон	nty)	(etat2)		
	21. I certify the alive an	at I attended the	decease	0	th accurred at 71	M, from ADDRESS (	the causes ar					
-	PHYSICIAN'S NAME (Type)	AUREN	CE	C. Bes	X But	Thus	R 12		m	4		
	220 BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMETERY Druid Rids	_		SVIlle, I	- 4	(Sto	ote)		
	23. FUNERAL DIRECTOR'S	S SIGNATURE	-4,	Server - We	17 17 DA	REC'D BY REGIS		ISTRAR'S SIGN.		- 4		

may be retain the haspital or oftending physician.

TO FUNERAL DIL &TOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then pi=e remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF VS A15 (4) 1SM 9/SB

death. Page 4





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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT. FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN Ill outside corporate I in is, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF 4. DATE Middle Yeor (Type or print) DEATH DATE OF BIRTH IF UNDER TYEAR Months WIDOWED -DIVORCED [7] 10a. USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BLACKSMITH 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 18 CAUSE OF DEATH [Enter only one cause per lightfor (a): (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which ! gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NOF 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort t or Post It of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stute) factory, street, affice bldg., etc.) Not while O. m. ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , ond in my opinion death resulted from: Natural couses ! . Accident . Suicide . Homicide [], Undetermined monner ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE STREET SIGNATURE **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) 220. BUR AL CREMATION. (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15ME arthur & House



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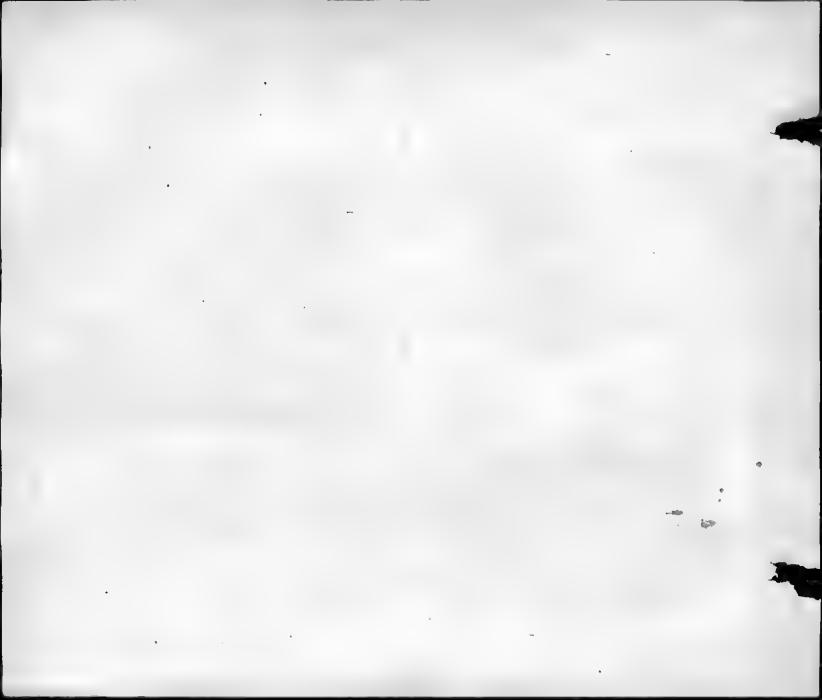
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





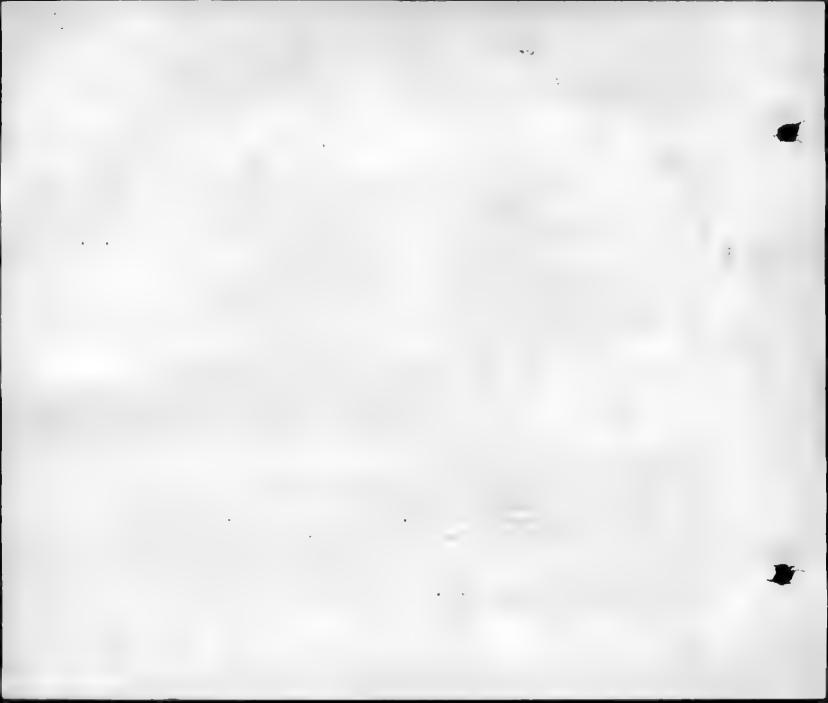
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		111	18	CERTI	FICA	TE OF DEA	TH				Reg. Di	st. No.		LUOC
	PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE o. STATE	·	_		institution OUNTY	n, Residen	ce befo	re odmiss	ion)
	Catonsv	(If outside corporate limi learest town)	ls, write	c LENGTH OF STAY I	N 16	c. CITY OR TOWN	`	Iside corpo	orote limits,	write RU	RAL and	give nec	rest town	)
			in stance	10 days		Baltimore d. STREET ADDRES				- +			14 00-	1001100
		TAL (If not in hospital, g ROVE STATE		SPIP.L		817 St. Par		Stree	et					FARM?
	NAME OF DECEASED (Type or print)	Jenny		Middle		Landy		4. DATE OF DEATH		Mont	ober	Do		Yeor 19 59
5. 1	SEX	6 COLOR OR RACE	7. MARE	IED NEVER MARRIE		. DATE OF BIRTH			9. AGE (In		IF UNDER		IF UND	ER 24 HRS
f	emale	white	WIDOW	DIVORCED		July 21, 1	888	}	71	yes.	Months	Days	Hours	Min,
10a	USUAL OCCUPATE	ON (Give kind of work- rking life, even if retired	ione 10b	KIND OF BUSINESS OF	NDUST	RY 11. BIRTHPLACE (S	tote o	r foreign c	ountry)		12. CIT	IZEN O	F WHAT	COUNTRY
	domesti					Maryla	nd				U.	S.	A.	
13.	FATHER'S NAME					14 MOTHER'S MAID	EN NA	AME						
		ry Landy				Bessie B	ran	son						
	WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	1	FORMANT				Addre				
_	no			Jnknown	Rec	ords: SPR	INC	GRO	OVE S	STATE	HO	SPII	AL	
		ATH [Enter only one co	use per li									INTE	ERVAL BE	TWEEN DEATH
		ATH WAS CAUSED BY IMMEDIATE CAUSE (o	}	Myocardial	inf	arction								
	420,1	DUE TO						_						
	Conditions, if ony, which (b) Arteriosclerotic cardiovascular disease													
		se (o), stoting the <u>under-</u> DUE TO												
_	lying couse lost.	, ,							·					
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TI	ERMIN	IAL DISEAS	SE CONDITI	ON GIVE	N IN PAR	7 1(0) 1	PERFO	AUTOPSY ORMED? NO [2]
CERTIF	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injur)	y in Po	ort I or Por	rt 11 of item	18.}				
MEDICAL CERTIFICATION	20c TIME OF INJU Hour 6. m.	RY Month, Doy, Ye 19	20d. 11 While of wor	Not while	20e. PLA foci	CE OF INJURY (Home, ory, street, office bldg.,	form, , etc )	20f (City	y or town)		{(	County)		(Stote)
	21. I certify that I attended the deceased from Sept. 18, 1959, to Oct. 2 1959, that I last saw the deceased alive an October 2, 1959, and that death accurred at 1:55 p.m., from the causes and an the date stated above ADDRESS (Street, city or town, store)  ACTUAL SIGNATURE SHALL Walls Man SPRING GROVE STATE HOSPITAL 10-2-59													
	PHYSICIAN'S NAME (Type)	Stella Wac		м. D.		Catons								
220	REMOVAL (Specify	ON, 226. DATE THERE	59	22c. NAME OF CEME	O O	CREMATORY		22d 10CA	TION (CITY.	Nown, or	county	ny	(Stol	e)
7	of Lewy	AON " BUC	v - 1	124-26 W	Thor	The age DATE		BY REGIST		Cath	IRÁR'S SIC	GNATUI	RE A	

may be retain? By the haspital ar attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. TO HOLDSTAL OF ATTENDING PHYSICAN: The for requires that the death perlificate be executed within 28 hour VS A15 (4) 15M 9/55

death. Page 4



HUDSON ST. (24) DET

22d LOCATION (City, lown, or county)

24b. REGISTRAR'S, SIGNATURE

Orthur S. Flrance

24a, REC'D BY REGISTRAR

(Stote)

Cute the cer cute the cer forwarded the cer 28 % 3/22

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify)



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1	-1100 OEKIIII					F	Reg. Dist.	No.	
1.	PLACE OF DEATH O. COUNTY Baltimore County MARYLAN	2.	USUAL RESID	ence (Who	are deceosed five	ed If institution. b COUNTY		before odmission)	
H	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					limits, write RUR			
	Cockeysville life	.5	Coc	keys	ville				
	d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION		d. STREET AD	DRESS 18 R	oađ	R.R		e. 15 RESIDENCE ON A FARM? YES NO P	
2	NAME OF First Middle		4		4. DATE	1.5 41			
	DECEASED (Type or print)  Margaret  Larmore	9	Lea	f	OF	Month	16	5 , 1959	
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	] B. D.	ATE OF BIRTH		9.	AGE (In years II		YEAR IF UNDER 24 HRS	
L	female white WIDOWED ! DIVORCED	4 .	-14-1			O yrs.		oys Hours Min	
10	USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN dyring most of working life, even if retired)	IDUSTRY	1			(7)	12. CITIZE	N OF WHAT COUNTRY?	
	house wife home		1	ylan				U.S.A.	
13	ATHER'S NAME								
L	John H. Larmore			gare	t Batc				
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	INFO	RMANT		_	Addres	000	keysville	
	no	Rob	ert M	. Le	af F	alls Ro	oad	Md.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH	
L	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Cerebral Hemorrhage								
	33/X DUE TO								
	·							Years	
	Conditions, if ony, which by Hypertension (b) Hypertension								
	couse (o), stoting the <u>under.</u> DUE TO								
_	couse (o), stoling the under:  Lying couse (ost. (c) Arteriosclerosis Years								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
13	Diabetic							YES NO	
CERTIF	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (E	nter noture of	injury in P	ort I or Port I	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.				20f. (City or	lown)	(Co	unty) (State	
EDI	Hour o. m.  P. m.  While Not while of work of work	toclory,	, street, office	blog , etc )					
2	provide the second seco	1		. 3	0 16 5	ன்			
	21. I certify that I attended the deceased from $1-1-30$		_, 19	, to				saw the deceased	
L	alive an 19 and that de	ath ac	curred at_					date stated above	
	1 . 9 1 11/11		Vn 1	4		, city or town, sk	ote)	DATE SIGNE	
	ACTUAL SIGNATURE STATES STATES	M.D.	Kel	ster	stown,	Mel.		10-17-59	
	PHYSICIAN'S								
	NAME (Type) / James Saffell //		Rei	ster	stown.	Md			
22	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETER	Y OR CR				(City, town, or	county)	(Stote)	
	Burial 10-19-59 Grace Met	hod	ist		Cocke	ysville	,	Md.	
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		_	24a PEC'E	BY REGISTRAL				
	rooks Funeral Service 622 York		ad		O REGISTRAL	OCT 2 0 '59			
	Towson 4	M	d.	DATE		041 2 0 3	7	arthur & to	

TO HOSPITAL OPATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs and death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hay after death.

VS A15 (4) 15M 9/58

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Rea. Dist. No.

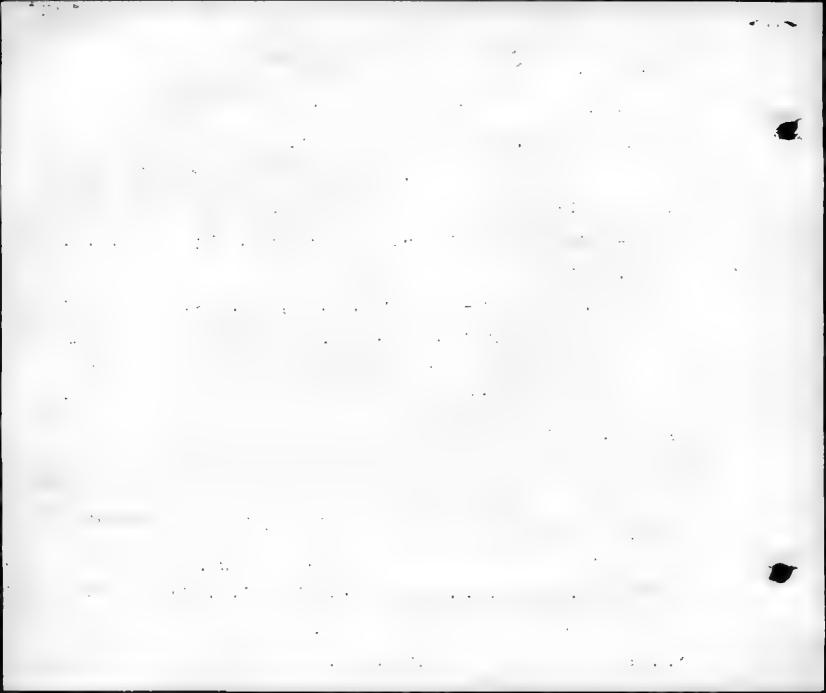
11091

				Kag. D	1311 100:		
PLACE OF DEATH	more	MARYLAND	A STATE	there deceased fived. If institution: Reside b. COUNTY	nce before admission)		
b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, wrste RURAL and	give nearest fown)		
RURAL ond give no	Howard	13 Days	Baltimore	_2	3 331 - 1		
d. NAME OF HOSPIT	TAL (If not in hospital, give stree	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE		
Veteran	s Administrati	on Hospital	5207 Euger	ne Avenue	YES NO		
NAME OF DECEASED (Type or print)	DANTEL.	Middle E •	LEAKINS	4. DATE Month October 28	Day Yeor 19 59		
S. SEX	6 COLOR OR RACE 7 MA	RRIED K NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS		
Male	White wipov	WED DIVORCED	September 22.	.1889 TO yrs. Months	Days Hours Min.		
0a USUAL OCCUPATIO	DN (Give kind of work done 10) king life, even if retired)	KIND OF BUSINESS OR IND			TIZEN OF WHAT COUNTRY		
Manager -	Retired	Gasoline Stati	on Frederic	k Co., Maryland	U. S. A.		
3 FATHER'S NAME	-		14. MOTHER'S MAIDEN				
Daniel E.	Leakins		Laura Boone	e			
S. WAS DECEASED EVE	R IN U S. ARMED FORCES? 16	6. SOCIAL SECURITY NO	INFORMANT	Address			
Yes			lin.Rec.,VAH,I	Balto.18, Md. Fort H	oward Divisi		
	ATH [Enter only one couse per				INTERVAL BETWEEN		
33 /	TH WAS CAUSED BY GE	REBROVASCULAR .	ACCIDENT		2 WEEKS		
war or to X		ATTO AT TOTAL A TOTAL	D70001 DD0070		TOTAL DOLLAR		
Conditions, if o	mmadiate (b)	NERALIZED ARTE	KIOSCIEROSIS		UNKNOWN		
couse (o), stoting	couse (o), storing the under:						
/ (c)							
PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19 WAS AUJOPSY PERFORMED? PREDITION 13 Cardiac Decompensation  Photography 15 (1) 15 (1) 15 (1) 16 (1) 17 (1) 18 (1) 19							
O THOMASSILLE GALLECO DOCUMENTO COLOR							
	AS UNDERLY NG   206. DE G   CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	IED. (Enter noture of injury in	Fort 1 or Port II of 19em 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Whil		PLACE OF INJURY (Home, for foctory, street, office bldg., el		(County) (State		
21. I certify th	attended the deced	ased from October	15 , 1959 , to Or	ctober 28 159 KWW	30000000000000000000000000000000000000		
				OAMfrom the couses and on th			
	1 1 0	0 1		ADDRESS (Street, city or town, stote)	DATE SIGNE		
ACTUAL SIGNATURE	Olin W. Cra	wford	M.D. VAH, BALTO	18 MD FT HOWARD DI	VISION 10/28		
PHYSICIAN'S JO	HN W. CRAWFORD	, M.D.	VAH, BALTO	18, MD.FT.HOWARD DIV	ISION 10/29		
20 BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)		
REMOVAL (Specify) Burial	10/ 31/59	Lorraine Pa	rk Cemeterv		aryland		
3. FUNERAL DIRECTOR	's signature ner & Sons, Nort	ADDRESS	24a. REC	'D BY REGISTRAR 246 REGISTRAR'S S	IGNATURE		

TO HOSPITAL ON ATTIMETIES ENYSETIAN: The low remuires that the demin certificate be executed within 24 haurs. In death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL LYSCTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remanganched pages? Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or remanal, and in any event within 72 hours death.

VS A15 (4) 15M 9/SB



VS A15 (4) 15M 9/5B

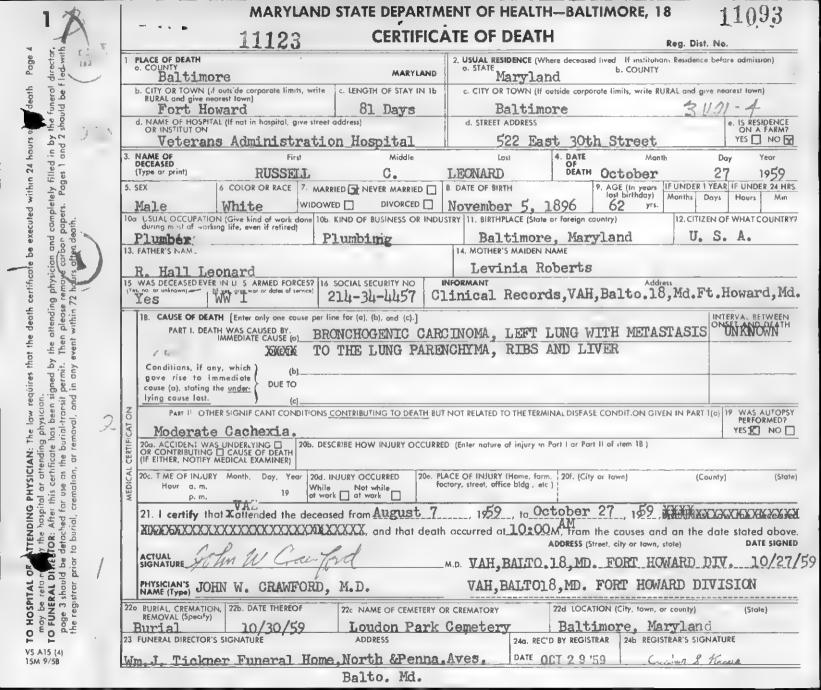
death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

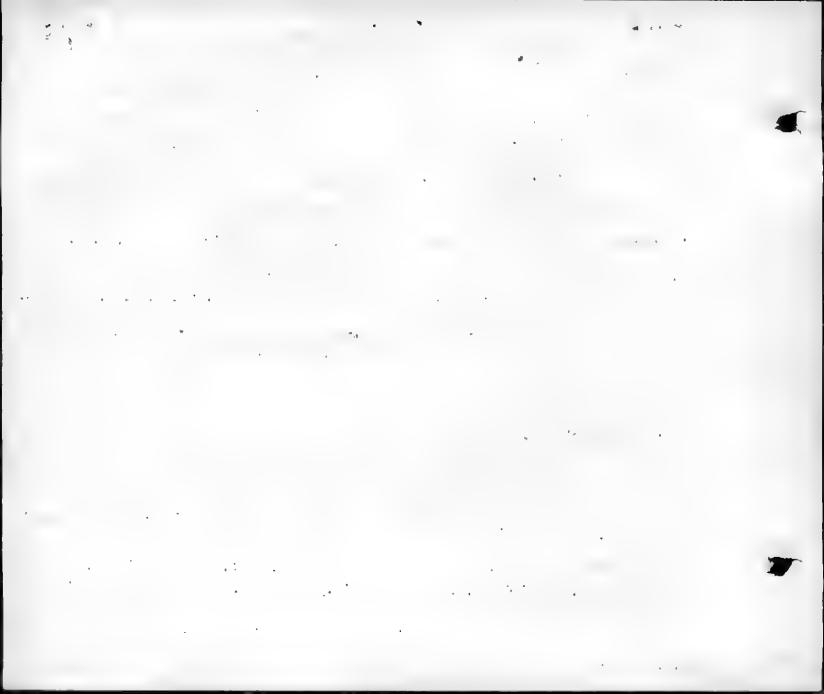
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11122 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

11092

o. COUNTY	A <sub>C</sub> BALTIMOR	E CO.	MARYLAI	II o STA	AL RESIDENCE (VATE		lived If institution  b COUNTY	n: Residence	before admis	sion)
B CITY OR TOWN RURAL and give n	(foutside corporate timi teorest town)	its, write c. (	LENGTH OF STAY IN	Th c. CIT		f outside corpora	ote límits, write R	URAL and giv	e nearest tow	n)
OR INSTITUT ON	FTLEY ROAD	give street oddr	esz)	) d 51	reet address	ROFTLE	ROAD		e IS RE ON / YES [	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	SARA	rst	Middle ANNE	TARRENA	Last N	4. DATE OF DEATH	Mon OKTOBEL		Day	Yeor 19 <b>59</b>
5 SEX FEMALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	_			AGE (In years lost birthday) 74 yrs.	Months D	YEAR IF UND	ER 24 HRS Min.
NOUSEWIF	ON (Give kind of work rking life, even if retired	)	OF BUSINESS OR II		ONIO	te or foreign cou	intry)		N OF WHAT	COUNTRY
13. FATHER'S NAME	A COODER				THER'S MAIDEN					
15. WAS DECEASED EV	A. COOPER ER IN U. S. ARMED FOR		IAL SECURITY NO	INFORMAN	ANNE E.	BURKE	Addi	ress		
[Yes, no, or sinknown]	(If yet, give wor or dates of s	291	1-05-6368	MRS. F	REDERICE	GELTZ	20	CROFTI	EY RO	S
Conditions, if a gove rise to couse (o), storing lying couse lost	immediate DUE TO	H-	ypert	LNO	Ler.			3	100	123
) 	THER SIGNIFICANT CON							EN IN PART I	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE	E HOW INJURY OCCI	URRED (Enter n	ichine of injury i	n Port For Port	Hot item 18)			
4	[IF EITHER, NOTIFY MEDICAL EXAMINER]  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. While Not while foctory, street, office bldg., etc.]  20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
			Not white	foctory, stree	JURY (Home, fa it, office bldg., e	rm, 20f. (City o	or town)	(Co	mty)	(aloie)
	hat hattended the	While at work [	Not while of work	foctory, stree	958, ta	M, fram t	he causes an	that I last	saw the	deceased
21. I certify It alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat that attended the Harage	White of work	Not while of work	foctory, stree	955, taC ed at 1 t	M, fram f	, 19 <i>57,</i> he causes an	that I last d an the costate)	saw the	deceased d abave TE SIGNED





## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11124 CERTIFICATE OF DEATH

11094

Reg.	Dist.	No. 32
DT45		~

	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY Baltimore	MARYLAND	STATE MARYLAND COUNTY					
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give no	perest town)				
	OR end give neeres! town! TOWN Mt. Wilson	(in this place)	TOWN BALTIMORE CITY	e 41				
	HOSPITAL OR	1 / 2m **********************************	STREET (If even also location	1 1				
	- STREET ADDRESS Mt. Wilson State H	agnit-7	ADDRESS 3614 HOWARD PARK AVE					
		Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)				
	DECEASED GRACE INE	Z LIGH	TBOURN OF DEATH OCT.	25 1959				
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify) MARRIED 9/21/94 9. AGE lest birthdey IF UNDER Months  WHOTE SPECIFY MARRIED 9/21/94 65 yrs.							
İ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  OR INDUSTRY  OR INDUSTRY  MARYLAND							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	CHARLES CLOPPE	R	ESTA POFFENBE	REER				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS HOSPITAL	Records				
	(Yes, no, or unit.) (If Yes, give wer or deles of service)	VONE	Mt. Wilson State Hospital	L				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN				
	DISEASES ON CONDITIONS DIRECTLY LEADING TO BEATT	1)		ONSET AND DEATH				
	IMMEDIATE CAUSE (A) Pulmonary Julio Culo SIS							
	ANTECEDENT CAUSE(S) DUE TO							
	DISEASES OR CONDITIONS, IF ANY, (B)							
	STATING UNDERLYING CAUSE LAST. OUE TO							
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 10 -	+-0	1 1.				
1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	terio schoo	Tie Cardiac Disesse	Cinkuoun				
	190, DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION		20: AUTOPSY? YES NO				
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ferm, fectory, 2'	ic. WHERE DID INJURY OCCUR? (City or town) (Co	unty) (Siste)				
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. White	Not while	PIF. HOW DID INJURY OCCUR?					
ħ.	22. I hereby certify that I attended the decea	sed from /0/2/	, 1958, 1010/25, 1959, that	I last saw the deceased				
3	alive on 10/25 1959 and	that death occurred at	4.30 M, from the causes and on the date state	led shows				
10M	SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED				
	Wm.	Newcomerm.p. Sur	perintendent, Mt. Wilson, Md.					
5	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOCATION (City, Iown, or coun	ly) (Sleta)				
A15C 1-55	REMOVAL (SPECIFY) Burial 10/28/59	Keedysvil]						
Ş.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 TOCKA PATT	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS				
	DATE OCT 28 159 C' Elwa & Har	MA.						
	DOLE ON		Wm F. Bast & Son. Boo	nsporo Me				



11095

į	11023 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE IN here decented lived. a. STATE	If institution: Residence before admission) COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and divergencest taken)	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1200 Lindlew Me	1200 Linden	and on a farm?
	3. NAME OF DECEASED (Type or print)  Aiddle  Aiddle	Linder 4. DATE OF DEATH	Month Day Year 1959
1	Lernile Histe WIDOWED   DIVORCED	Nec 29/1901 10516	(In years irthday) Months Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work, dane during most of working life, even if returnd)	dune Urundi	Ela Mid
	13. FATHER'S NAME Trank R Subbal	14. MOTHER'S MAIDEN NAME VISALELLE VISh	ipley,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. no. or unknown) (If yes, give wor or dotes of service)	ours Flinder 120	o Listen the
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Breast T.	brain Interval Between ONSET AND DEATH
	Conditions, if any, which (b) melastas	à	,
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Attribute  (c)	of Ulemos	5-4-60
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO L
		D (Enter nature of injury in Part I or Part II of iter	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to twork to twork to twork to twork to twork to two two two two two two two two two	ACE OF INJURY (Home, form, 20f. (City or lown) chary, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from 12 5.  alive on 2 5 7 19, and that death		1957, that I last saw the deceased auses and an the date stated above.
	ACTUAL SIGNATURE John & Steely	M.D. ADDRESS (Street, city	or town, state)  DATE SIGNED
	PHYSICIAN'S NAME (Type)		
	220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O		y, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ALLOW THE MACOST 42011 Deligen	240. REC'D BY REGISTRAR 2 DATE OCT 7 '59	to, REGISTRAR'S SIGNATURE Continue At Atuated

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours proved death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DE TOP After this certificate has be signed by the attending physician and completely filled in by funeral director, page 3 shoulded for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registror prior to burial, comparion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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deoth: Poge 42



		1114	OEKTIT 10	Reg. D					No.	
	1 PLACE OF DEATH			2 USUAL	RESIDENCE (WI	ere deceased liv	ed If institution:	Residence t	pefore admission	n)
1	Baltimore		MARYLAND	o STA	Marvla	nd	b. COUNTY B	alti	more	
1	b CITY OR TOWN (If outside co	rporote limits, write	c. LENGTH OF STAY IN 1b	c CITY			limits, write RURA			
	RURAL and give nearest town	5		* ,*						
	d. NAME OF HOSPITAL (If not a	n haraital aine stran	1 milden V	4 670	Dundal	k (22)			L Ne Decin	FAICE
,	OR INSTITUTION		r dogress)	d STREET ADDRESS					e. IS RESID ON A F	ARM?
	803 Wise	Avenue			803 Wi	se Ave	nue		YES 🔲 I	NO D
	3 NAME OF DECEASED	First	Middle		Last	4. DATE	Month		Doy Yes	10
	(Type or print)	FRISBY	+++++	LLOY	D, Jr.	OF DEATH	Octobe	r 31	st, 19	59
	5. SEX [6. COLO	OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF	BIRTH	9. /			EAR IF UNDER	
	male whi			Feb.	23,189	0 6	ost birthday) N	fonths Da	ys Hours	Min.
	10a. USUAL OCCUPATION (Give ki	nd of work done 10b	. KIND OF BUSINESS OR INDI				ry)	12 CITIZE	N OF WHAT C	OUNTRY?
	during most of working life, ev Meter Repair	en if retired)	Steel		ltimor	•	**	USA		
	13. FATHER'S NAME		IER'S MAIDEN N		20110	]				
		7 0								
ļ	Frisby L.				rgaret	Lynch				
	15. WAS DECEASED EVER IN U. S	ARMED FORCES?   16 or or doles of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT			Address		" -	
	no		17-09-4336	Mrs.	baddie	M.TTO	yd sa	ime a	g #2	
	18 CAUSE OF DEATH [Enter	anly one cause per	line for (a), (b), and (c).]						NTERVAL BETY	VEEN
	PART 1. DEATH WAS C.	AUSED BY:							ONSET AND D	EATH
	Nº 4 JA	DUE TO	<i>j</i>	. 1	<del>-</del>	1			-11	
	Conditions, if any, which	1	Fever,	IInde.	CVMI	nus	DV1911	7	3/2	ws.
	gave rise to immediate	(0)			<u> </u>					-
	couse (o), stoling the under-	DUE TO								
	lying cause last.	) (c)	CALIFORNIA IO TO OTITIO							
n	PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOI KELAI	D TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN	IN PART H	PERFORA	HEDS
U	[설]								YES 🔲 I	ио 🔲
	PART II. OTHER SIGNIF  200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE	ING 🔲   20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter not	ure of injury in I	Part 1 ar Part II o	of item 16 )			
		XAMINER]								
	20c TIME OF INJURY Month, Hour a.m.			LACE OF INJ	JRY (Hame, farm	, 20f. (City or	tawn)	(Cour	nly)	(State)
	Hour a.m.	19 White	e Not while "	actory, street,	office bldg , etc.	1				
			1224	10	49 .	0013	E will.		4 49 4	
	21. I certify that Latte	nded the deced	and the same of th	, 17.	77.10	D	Z1-, 122-/,1	hat I las	t saw the d	eceased
	alive on	19	Index, and that deat	h occurred						
	LACTUAL AND A	nd W	Milds Dall	`		·	, city or lown, sto	ie)	DATI	E SIGNED
	ACTUAL SIGNATURE	WW / F	auncon	_M.D	3 Dund	<u>lalk Av</u>	enue		11/	2/5
П	PHYSICIAN'S TO	777 6 7.	W D	т	. <b>1</b> L.2	00	M	7		
	NAME (Type) Dav1	d H.Andr	ew, M.D.	1	altimo	re 22,	Marylar	1G		
		ATE THEREOF	22c NAME OF CEMETERY	OR CREMATO	RY	22d. LOCATION	V (City, lawn, at c	ounty)	(Stole)	
	Burial 11	/4/59	Gardens of	Faith	1	Balti	more Co	, Ma	ryland	Ī
	23. FUNERAL DIRECTOR'S STONATE	IRE,	ADDRESS			D BY REGISTRAR	24b. REGISTR	AR'S SIGNA	TURE	
	Water 19 and	in My D	Dunds	alk 22		10V 4 '59	Chi	(hun S.	Through	
	water product	a prince	af the		VAIL					

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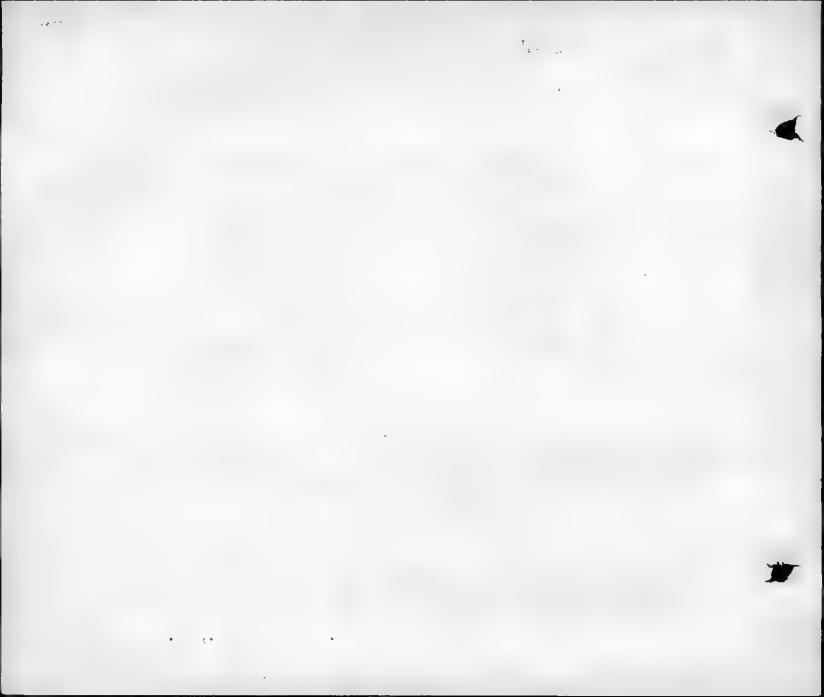
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF

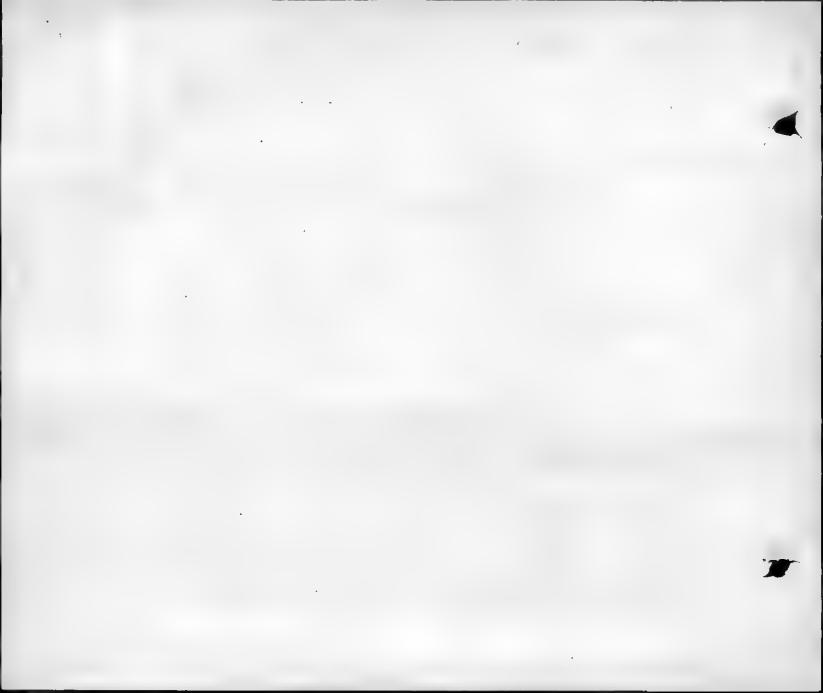
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HOSPITAL



# HEALTH DEPT.

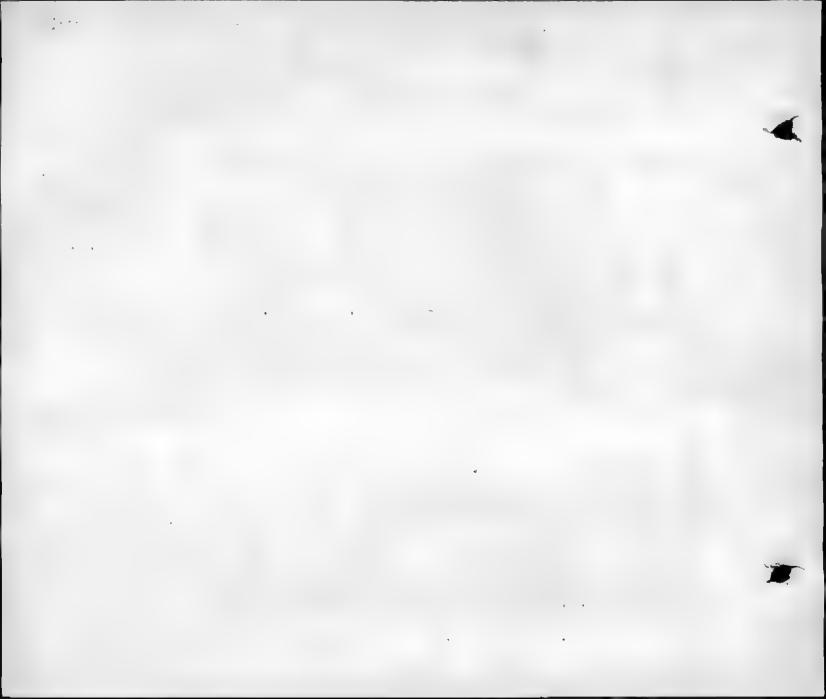
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W do	. 고	's Office along with farm PM3. Page 5 may be retained ?	표	E
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AMINER: This certificate should be executed within 24 hours ofter death. If any delay is is	ling" in pencil in them, 18. Give Pages 1, 2, and 3 to the funer	"arded to the Chief Medical Examiner	LAL G. SECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Ba	noted agent, prior to bariol, cremotian, ar removal, and in any event within 72 hours
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VS E	, A	15! 2/5	7	
3	rvt.	e/J	1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11099

					Keg, Dist. I	NG.
I, PLACE OF DEA	ATH		2. USUAL RESIDENCE	(Where deceased fived	If institution, Residence I	before admission)
o. COUNTY	Baltimore	1000	o STATE Marv	land '	COUNTY Baltin	ore
b. CITY OR TO	WN (If avistde carporate kmits, write RURAL	c. LENGTH OF STAY IN 16		(If outside corporate hi	nits, write RURAL and give	neorest town)
	Ovings Kills		& Owings	Mills. Md		
	IOSPITAL OR INSTITUTION (If not in he	spital, give street address)	d STREET ADDRESS			e IS PLY DIT E ON A FARM?
			Lyons Mi	11 Road		YES NO NO
3. NAME OF	First	Middle	II TA CITO L'I	4. DATE	Month Do	
DECEASED (Type or print)	4.5.5		Lutz		tober 19,	19 59
5. SEX	6 COLOR OR RACE 7- MARR	IED MEVER MARRIED 1 8	DATE OF BIRTH	9. AGE lost be	the dead	AR IF UNDER 24 HRS
lale.	White WIDOW	D DIVORCED (	October 17	7.1907 52	yrs, Months Days	Hours Min.
10a. USUAL OCC	UPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Sic	ote or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	working life, even if retired) tenance Man	Self employme	ent Marvl	and	U.S	S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN			
M	illiam Lutz		Ella De	evese		
15 WAS DECEAS	SED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. H	NFORMANT		Allexing to	n Park. No
NO	None	217-22-762	r. Klohr	S. Tillma	an,6 Taner	
	F DEATH Enter only one couse per line		7.2		IN	ITERVAL RETWEEN
PART	L DEATH WAS CAUSED BY.	unstrat 30	awad in	mosth		S MUNICE
71	IMMEDIATE CAUSE (6)					
Gov. Friend	DUE TO	4.78.00	reserva	70	. / /	
	if ony, which (b)	renion ~ ege	cerengen	· ( inv	rai j	
	the underlying DUE TO	,				
couse lost.	II, OTHER SIGNIFICANT CONDITIONS C	ONTRIGHTING TO DELIVERULE	OF BELLIEF TO THE YES	AMINIAL DISCLASS COND	TION CIVEN IN GARY (4.)	Tio was aurons
SATION	II, OTHER SIGNIFICANT CONDITIONS C		OF RECAIED TO THE TER	IMINAL DISEASE COND	HON GIVEN IN PART ITO	PERFORMED?
200. EXTERN	AL CAUSE WAS 206 DESCRI	BE HOW INJURY OCCURRED (	inter noture of injury in f	Port I or Part II of item	سبب راوا	africa, and
_	or CONTRIBUTING []	morrould of go	no withour	itist pall	ed Vrigger	>
20c. TIME OF		INJURY OCCURRED 200 PLA	CE OF INJURY (Home, fo	orm, 20f. (City or town	(County)	(State)
Hour Hour	o. m. Whi	le Not while toct	ory, street, office bldg., a	Hc.)		
	ify that I took charge of the		ve, held an Auto	psy . Inspect	ian 🔀, Inquiry D	XI, and in my
1 1	eath resulted from: Natural			-	Undetermined man	private C
	1				Oracicitimes men	1101
ACTUAL	2,2. Capie	I.	CHIEF MEDICAL	EXAMINER 🗇		DATE SIGNED
SIGNATURE	70123 1017	water was a second	_m v.	DICAL EXAMINER	15-	-20-59
EXAMINER! NAME (Type		,M.D.		AL EXAMINER 📆	, ,	20-49
220. BURIAL CRE	EMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	224 LOCATION (C	ty, lown, or county)	(State)
Puria		t. Clive	Josethary	l Randa	llstown .	.d.
23. FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS /	240. RE	EC'D BY REGISTRAR	246. REGISTRAR'S SIGNAT	TURE
Tryen	of It Mount	W. Piklain	ES DATE	CT 2 6 '59	17 11 0 4	
12-	The second second		The state of the s	1.1Z C 33	A trans	AAL



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11100

**CERTIFICATE OF DEATH** 

								Keg. UKI	. No.	
o. COUNTY	BALTIMORE		MARYLAND	2. USUAL o. STAT	re	Where deceases	l livea. If instituti b. COUNTY		e before admission)	
b. CITY OR TOWN	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY IN 1b	c. CITY	OR TOWN (	If outside corpo	rote limits, write R	URAL ond gi	ive nearest town)	
FORT HOWA	RD		2 DAYS		BALTI	MORE		101	2	
OR INSTITUTIO	PITAL (If not in hospital, g N ADMINISTRATI				NORTH	CALVERS	STREET		6. IS RESIDENCE ON A FARM? YES NO K	
3 NAME OF	Fire		Middle		Last	4. DATE		- Al		
(Type or print)		RLES	one two	L	JTZ_	OF DEATH	OCTOBER .	_	Day Year	
5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF	BIRTH		9 AGE (In years lost birthday)		YEAR IF UNDER 24 HRS	
MALE	WHITE	WIDOWE	D DIVORCED	JANUA	ARY 8	1890	69 yrs.	// Commission	Jays Hours Min,	
Oa. USUAL OCCUPA	TION (Give kind of work of orking life, even if retired)	one 10b.	KIND OF BUSINESS OR INDI	STRY 11. 80	RTHPLACE (Sto		ountry)	12 CITIZ	EN OF WHAT COUNTRY	
FARMER			ARM	N	W YORK	STATE		1	U.S.A.	
13. FATHER'S NAME				14 MOTI	HER'S MAIDEN	NAME				
CHARLES	LUTZ			C	ATHERIN	E SWAR	Z			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	INFORMANT			Add	ress		
YES	W-1		3-34-1022 (L)	IN REC	VAH E	BALTO M	FT HOW	ARD DI	IVISION	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
PART I, D	EATH WAS CAUSED BY:	ARR	HYTHMIA, CARDI	rac.					ACUTE	
422.	1		0.002	10					230011	
1 1	any which \	PUL	MONARY EDEMA						2 DAYS	
Conditions, if ony, which (b) FULLYUNARY EJEMA  gove rise to immediate DUE TO										
APPEDIOSCI EDOPIC CAPITONASCITAD DISEASE									UNKNOWN	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI									PERFORMED?	
OR CONTRIBUTION										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  While Not while of work										
21. I certify	that $X$ attended the	decease	ed fram October	9, 19	59 , 1000	ctober	11 1959	KAKIKA		
90/90/9000		XXXXXX	XXXX and that deat			Jul IVI				
			7 0				reet, city or town,		DATE SIGNE	
ACTUAL SIGNATURE	Langel	7	J. tun	VA	H. BALTO	о 18. м	D.FT.HOW	ARD DT	V. 10/12/	
SIGNATORE	TA TO CHANGE			M.D.						
PHYSICIAN'S NAME (Type)	HAROLD R. JO	HNSON	M.D.							
	ION, 726. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATO	RY	22d LOCA	IION (City, town,	or county)	(Stole)	
REMOVAL (Speci		59			_					
23. FUNERAL DIRECTO	OR'S SIGNATURE		Baltimore N ADDRESS	M o'T OLD	24g. RE		منطالا المطار فيخضون	STRAR'S SIGN	NATURE	
In Carla Da	tallet To a COO	O TT	Comd Dd D.34	- 11. 14		OCT 1 3 'S	9 0	ritua de	Thomas	
m.Cook-HI:	ignt. Inc. 600	y Har	ford Rd. Balt	$D_{\bullet}LL_{\bullet}M$	C + DATE					

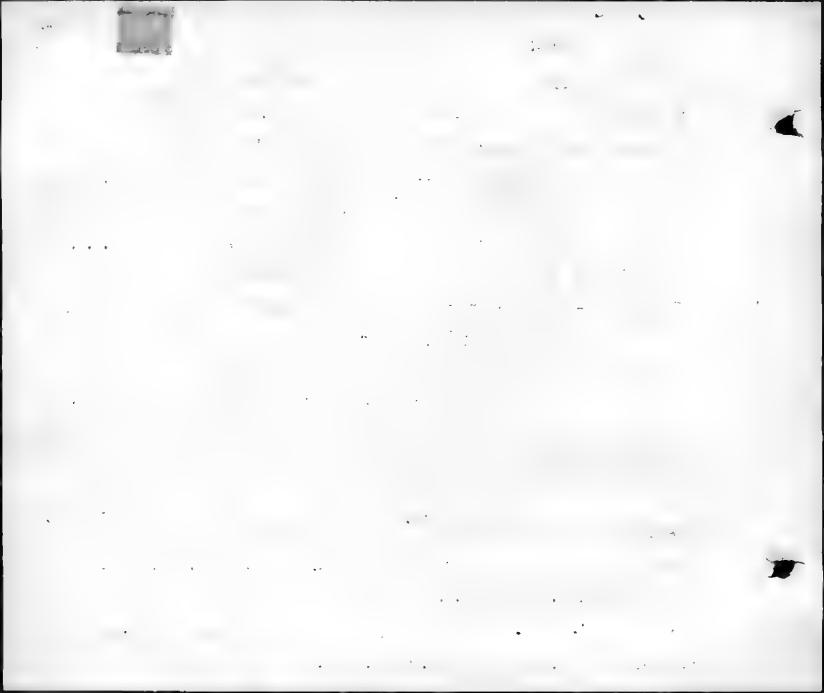
may be retain by the haspital ar attending phys.cian

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. NITENDING PHYSICIAN: The law requires that the death certificate be executed within 21 Hours TO HOSPITAL

death. Page 4

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VS A15 (4) 15M 9/58



1101 M CERTIFICATE OF BEATU

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1		77079	CERTIFICA	AIE OF DEATE	1	Reg. Dist.	No.
ľ	o. COUNTY Be	ltimore	MARYLAND	2 USUAL RESIDENCE (WHO STATE Mary)	1	DUNTY Baltin	,
	b CITY OR TOWN (IF o RURAL and give neon Dunda.)	outside corporate limits, write est tawn) LC	c. LENGTH OF STAY IN 16 85 Years	5 3. Dund	outside corporate limits, s	write RURAL and give	e necrest fown)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street 88 Kinship Ros		d STREET ADDRESS 88 K	inship Road		o. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	MARGARET First	Middle Mie	LYNCH Lost		ober 24,	Day Year 19 59
		Thite widowi		8. DATE OF BIRTH Feb. 18, 186	9. AGE (In loss birth	yeors IF UNDER 1 Y hdoy) Months Do	FEAR IF UNDER 24 HRS Bys Hours Min.
	during most of working At home	(Give kind of work dane 10b. g life, even if retired)	KIND OF BUSINESS OR INDU	Ireland		- 1	A.
	3. FATHER'S NAME Michae	el Ryan		14. MOTHER'S MAIDEN N	IAME		
	(Yet, no or unknown) (If	N U. S. ARMED FORCES? 16.		nformant John Lynch 88	Kinship Ro	Address Bad	
	PART I. DEATH	, which ) [b1	re for (0). (b), and (c) ]	al arkei	scleusi	<u>.</u>	INTERVAL BETWEEN ONSET AND DEATH
,	gove rise to improve couse (a), stoting the lying couse lost.  PART II. OTHER  20a. ACCIDENT WAS OR CONTRIBUTING COR CONTRIBUTING CORE (IF EITHER, NOTIFY MI		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Hour e. m.	Month, Doy, Year 20d. II While	Not while fo	D. (Enter nature of injury in ACE OF INJURY (Home, form clary, street, office bldg., etc.	, 20f (City or town)	(Cou	unly) (Stote)
	21. I certify that alive an	I attended the decease 19 19 19 19 19 19 19 19 19 19 19 19 19	lust	no. 2 Km	M, from the cau	uses and an the	st saw the decease date stated abav DATE SIGNE 10-24
	220. BUR AL, CREMATION, TREMOVAL Specify)	226. DATE THEREOF 10/27/59	Oak Lawn Ce	er crematory metery	coleate		(Slote)
	23. FUNERAL DIRECTOR'S SULL TUNE	signature ral Home Dunda	ADDRESS Ik. Md.		D BY REGISTRAR 246	cuther 2	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurneries death. Page 4 may be retormed by the hospital or attending physician.

TO FUNERAL EXTOR: After this certificate has been signed by the attending physician and campletely filled in bythe funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pagers 1 and 2 should be filled with the registrar priar to burial, cremation, or remand, and in any event within 72 hour offer death. VS A15 (4) 15M 9/55



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauring death. Page 4 may be retained by the haspital or attending physician.

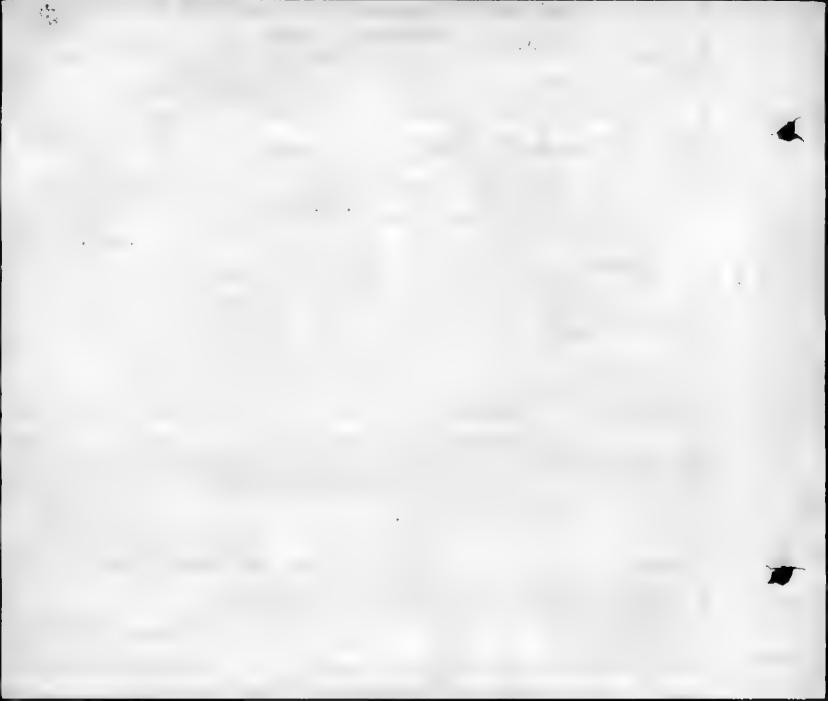
10 FUNERAL (CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be filled in by the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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VS A15 (4) 1\$M 9/S5

L		OZKIII 107	THE OF BEATTI	Reg. Dist	. Ne.					
1	I. PLACE OF DEATH  a. COUNTY			re deceased lived. If institutions Residence	before admission)					
)	Baltimore	MARYLAND	o STATE Mary	Land 6. COUNTY	V					
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c LENGTH OF STAY IN 18	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and gi	va negrest fown)					
1	Catonsville	2 months	Baltimor	B : / .:	·					
ľ	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE					
		PITAL	1213 Hollins	Street	ON A FARM? YES NO P					
-	3. NAME OF First	Middle	Last	4. DATE Month	Day Year					
1	(Type or print) Mary	F. Mai	ckenzie	OF DEATH /O	15 1954					
1	5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS.					
Į.	female white whow									
1	100 USUAL OCCUPATION (Give kind of work done 10b. XIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZ during most of working life, even if retired)									
	housewife at Horne Maryland BALTO, U.S.									
	13. FATHER'S NAME	.41	14. MOTHER'S MAIDEN NA	·/						
Н	Lector im	uh	marg		72					
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (If yes, give wor or dates of service)  UNKNOWN		NFORMANT	Address						
Į	unknown	Unknown Re	cords: SPRING	GROVE STATE HOS	PITAL					
	18. CAUSE OF DEATH [Enter only one cause per la	- 12 m	+1	. # %	INTERVAL BETWEEN ONSET AND DEATH					
1	PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Leriosciero	ke east low	router trulais.						
-	DUE TO	1. 9	-4-	0						
	Conditions, if ony, which ) (b)	ewic Circl	a. teriose	Klroses						
-1	gave rise to immediate cause (a), stating the under-									
-	lying couse tost. (c) (c)	Like history								
	PART II. OTHER SIGNIFICANT CONDITIONS	3 3 7 -	find a le	IAL DISEASE CONDITION GIVEN IN PART	PERFORMED?					
ı	3 Univeletion		in ante	eu	YES NO [					
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Pa	ort Lor Port II af ilem 18 )						
-	<u> </u>	f a	ACE OF INJURY (Hame, farm, clory street, office bldg, etc.)	20f. (City or tawn) (Co	ounty] (State)					
	Mour o. m. 19 White at wor	Not while	coor, since and , cit.,							
ı	21. I certify that I attended the deceas	ed from Sept.	5 , 1959 , to 6'0	12, 15 1957 that I lo	ist saw the deceased					
	alive an (15 19)	, and that death	accurred at 57.451	M, fram the causes and an the						
-{	7 7	1' 1		DDRESS (Street, city or town, state)	DATE SIGNED					
SIGNATURE STATE HOSPITAL 10/1										
, [	PHYSICIAN'S RDIIAA D.	1 0 1.11022	(1) Cotonsii	lle 28, Maryland						
<u> </u>	NAME (Type)	MINGHAM	71 000000	TTO CO, MAINTAIN						
	220. BURIAL, CREMATION, 22b. DATE THEREOF	BO STATISTICS	RCREMATORY CON	22d LOCATION (City, town, or county)	is state					
	23 EUNERAL DIRECTOR'S SIGNATURE	ADBRESS /	1 24g. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE					
	to the former stor	n 4 7-10-11	DATEOUT	19'59 Outlan 8 +	Trace					
. 1	100 00 00 00 00									

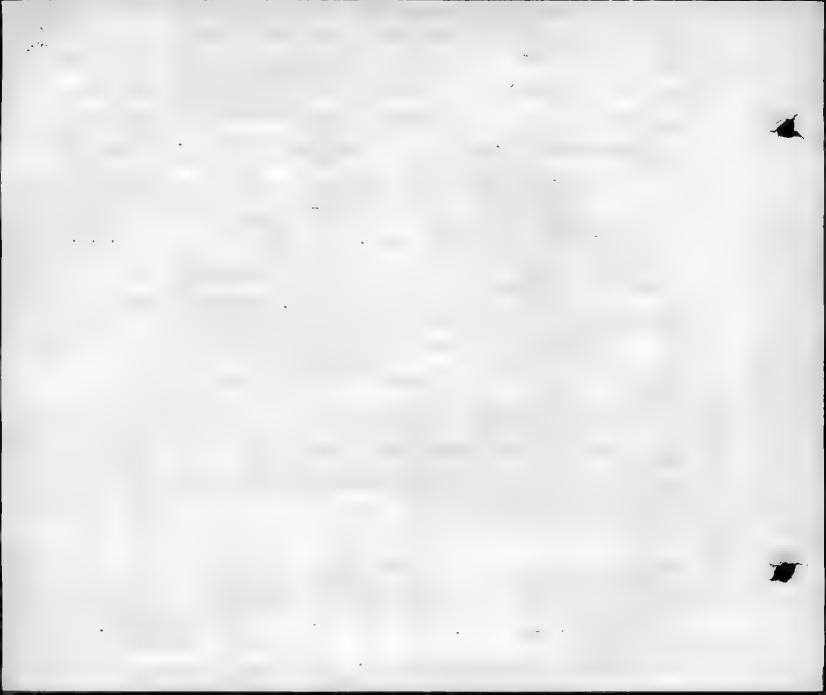


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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

<u> </u>							
1. PLACE OF DEATH  o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Michigan  b. COUNTY						
b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest form)	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)						
Towson 4 3 days	Detroit 19,						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
914 Ellendale Rd.	22153 Pickford St. YES NO K						
3. NAME OF Piest Middle OF Pie	Lost 4. DATE Month Day Year OF DEATH 10-8 19 59						
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B.	DATE OF BIRTH						
male white widowed Divorced	12-19-1906 52 Prinday) Months Doys Hours Min.						
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales engineer Petroleum prod							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Mackle	Malvina Breckman						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address						
no ?????? Vi	rginia V. Mackle above						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO  Couse last.							
CATIC	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1100 nature of injury in Port 1 or Port II of item 18.)						
	iter nature or injury in Forts or Port II or Item Is.)						
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC factor work p. m. 19 of work of work	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ry, street, office bldg., etc.)						
21. I certify that I took charge of the remains described above							
death resulted from! Natural causes [4], "Accident [1], Suic	ride, Homicide, Undetermined cause						
SIGNATURE PHANELETTAS GAME	M.D. CHIEF MEDICAL EXAMINER						
EXAMINER'S (Da) 157 ( Dernie	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D						
220. BURIAL CREMATION, REMOVAL (Specify) 10-12-59 St. Mary's	(0.00)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
Brooks Funeral Service, Towson4, Mo	DATE OUT 13 '59 Order of House						



CERTIFICATE OF DEATH

11104

				CERTII	147	IL OI DI	-				Reg. D	ist. No		
	1. PLACE OF DEATH O COUNTY	altimo re		MARYL	AND	2 USUAL RESIDE G. STATE	nce (When			nstitution OUNTY		nce befo timo		ion)
	b. CITY OR TOWN RURAL and give Cato	(If autside carporate limi nearest town) NSVILLE		rength of stay in		c. city or to Tow son	WN (If out	side carpo	rate limits, s	write RUF	RAL and	give nec	arest fowr	)
ja i	d NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSPITA		•		d. STREET ADD	Park	Avei	nue				e. IS RESIDENCE ON A FARM? YES NO GO		
	3. NAME OF DECEASED (Type or print)	fir Els	oeth	Middle Vaugh	an	MacLean	1	OF DEATH		Manth Ozto	ber	Oc		Yeor 19 59
	5. SEX female	6. COLOR OR RACE	7 MARRIED		_	July 3.	1907	,	9. AGE (In lost birth		F UNDE Months	Days	Hours	R 2≠ HRS Min.
	10g USUAL OCCUPA	IION (Give kind of work orking life, even if retired	done 10b KIN		_		E (Stote or	foreign c				tizen c		COUNTRY
	13. FATHER'S NAME	20				14. MOTHER'S M		ME						-
	John Hen	rw Rvan				Ge	orgia	na V	au ghar	1				
	15 WAS DECEASED E	VER IN U. S. ARMED FOR	ervice)	CIAL SECURITY NO		ORMANT				Addres		00 00	m . T	
	unknewn//	EATH [Enter only one co		nimewn	Kec	ords: S	PRUNC	i UN	OVE S	TATI	i n	OSFI	TAL BE	
	Conditions, if gove rise to couse (a), statir lying couse los	any, which immediate g the under: (c)	:H	Y JERTE	MS	EMORRH IVE CA	4RDis					\$25	SET AND	
}	CATIC	VAS UNDERLYING   GOVERNMENT CON		BE HOW INJURY OC							N IN PA	RT 1(o) 1	PERFC YES	RMED?
		FY MEDICAL EXAMINER)												
	20c. TIME OF INJ	10	While	RY OCCURRED  Not while at work	PLACE Foctor	E OF INJURY (Ho ry, street, office b	me, form, ildg., etc.)	20f (City	or lown)			(County)		(State)
	21. I certify that I attended the deceased from 694-27 July 1959, to 697-29, 1959, that I last saw the deceased alive an 607-29, 1959, and that death accurred at 6145AM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED													
	ACTUAL SIGNATURE	1 atreat		443	M	o. SPRIN	IG GE	ROVE	STAT	E H	OSPI	TAL	10	-29-59
/	PHYSICIAN'S NAME (Type)	PATRIC	/C 4/	e. Yip	H.	D, Cator	svil]	Le 28	, Mar	yland	1			*
	220. BUR AL, CREMAT REMOVAL (Speci DIRTAL			2c. NAME OF CEMEN SAINT MART		CREMATORY		PALNT		COU	TTY,			SWICK
	23. FUNERAL DIRECTO	OR'S SIGNATURE	20 /	ADDRESS	10/2	7	4a. REC'D	BY REGIST	159 24b	. REGIST		GNATU S. A		

TO FUNEMENT After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNEMENT After this certificate has been signed by the attending physician and completely filled in by the filled with page 3 shauke, be detached far use as the burial-transit permit. Then please repare Carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

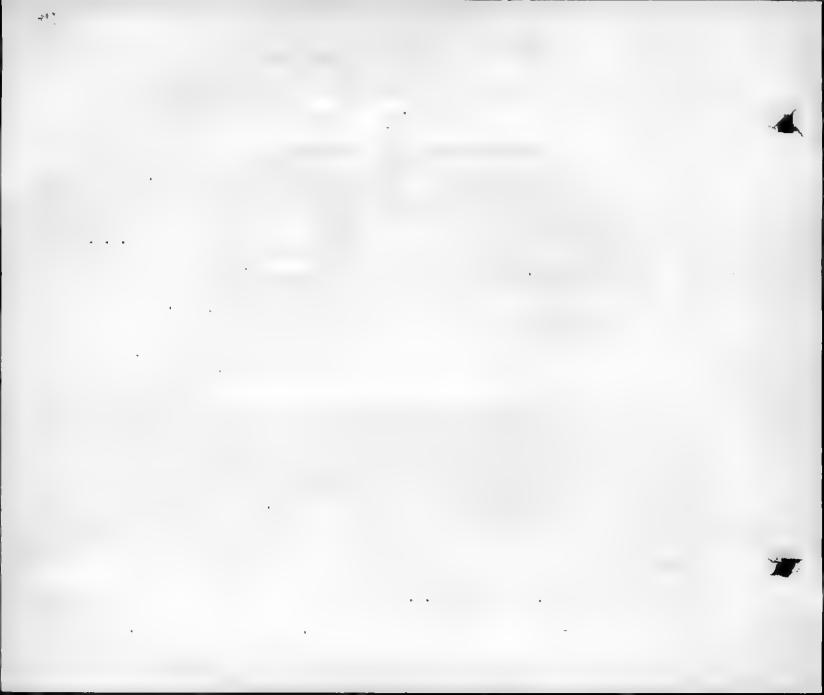
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Page 4

death

TO HOSPITAL OR, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. VS A15 (4) 15M 9/55

/ -/ .1

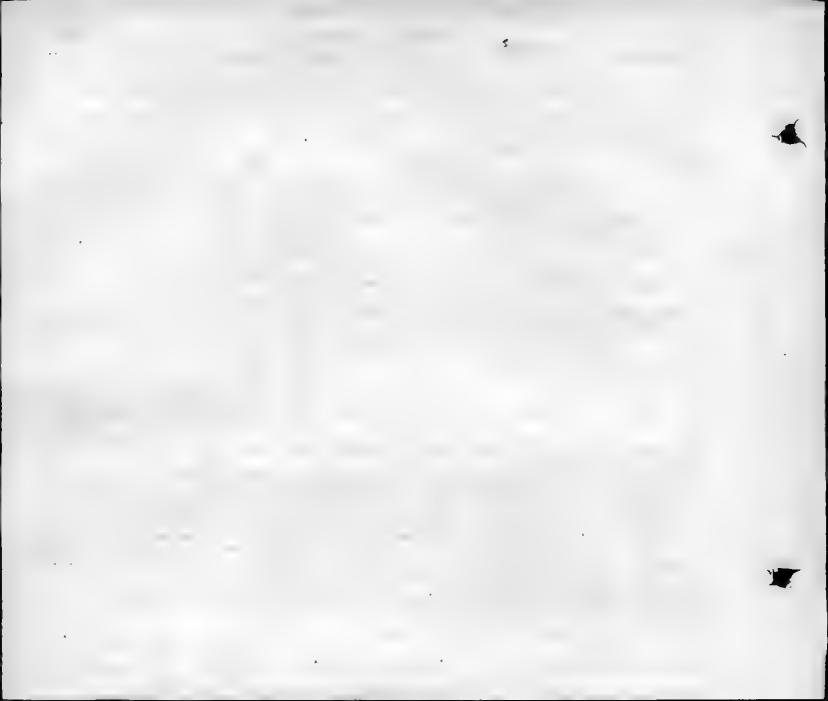




death. Page

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICA 11135

TE OF DEATH				Reg. Dist.	No			
2. USUAL RESIDENCE (Who a. STATE Md.	era decease	d lived. If in: b. COL		n: Residence		re odmi	ssion)	
c. CITY OR TOWN (If o	utside carpo	rate limits, w	rite Rl			arest lav	vn)	
Catonsvi	lle							
d. STREET ADDRESS						e. IS RE	SIDE	VCE
1919 Rock	cwell	Ave.					A FAR	
last	4. DATE OF		Moni	th	Do	19	Year	
McCORMICK	DEATH			Oct.		28.	19	59
. DATE OF BIRTH		9 AGE (In )	ears	IF UNDER T		1		
Nov. 10. 188	2	lost birtho	yrs	Months D	lays	Hours	1	Min.
TRY 11, BIRTHPLACE (State		auntry)		12 CITIZI	NO	WHAT	COU	VTRY?
Md.								
14. MOTHER'S MAIDEN N	AME							
Managamet								
Margaret •			Addr	ess				
s. Ella M. C.	Lemens	= 191	9	Rockw	el.	l Av	6.	
occLus,	0N-	MASS	N V	E	ON:	ERVAL B	D DE	ATH
CV	700	EASE				5	1R	S.
NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITIO	√ GIV	EN IN PART	l(a)	PERF	ORME	OPSY D?
. (Enter nature of injury in F	art Lar Par	t Is af item 11	3 }		<u>f.</u>			
CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.	, 20f. (Cit)	r ar tawn)		(Co	unty)		1	(State)
, 19 <b>58</b> , ta	0.7.	28, 19	59,	that I last	sav	w the	dece	ased
accurred at 114 ( P.	M, fram	the cause	s an	d an the	date	e state	ed al	oave.
LD. 401 R	J-ND1	treet, city or I SM	awn.	310110) ROAD		10	. 1	GNED
D. BALT	-/		3	D.				1
CREMATORY	22d. LOCA	TION (City, to	own, c	ar caunty)		(5t)	ate)	
) Com		Dalta					,	

PLACE OF DEATH MARYLAND Balto. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fawn) Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1919 Rockwell Ave. NAME OF DECEASED Middle CHRISTOPHER (Type or print) 6. COLOR OR RACE 7. MARRIED [ NEVER MARRIED ] S. SEX male whi te WIDOWED DE DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired) Protection Officer Montgomery Ward 13. FATHER'S NAME John McComick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] CORGNARY PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 400,1 **DUE TO** HYPERTENSIVE Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 63 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLA p. m. Nat while ot wark 🔲 at wark 21. I certify that I attended the deceased from and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OF REMOVAL (Specify) New Cathedral Cem Burial 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** arthur S. Kinus

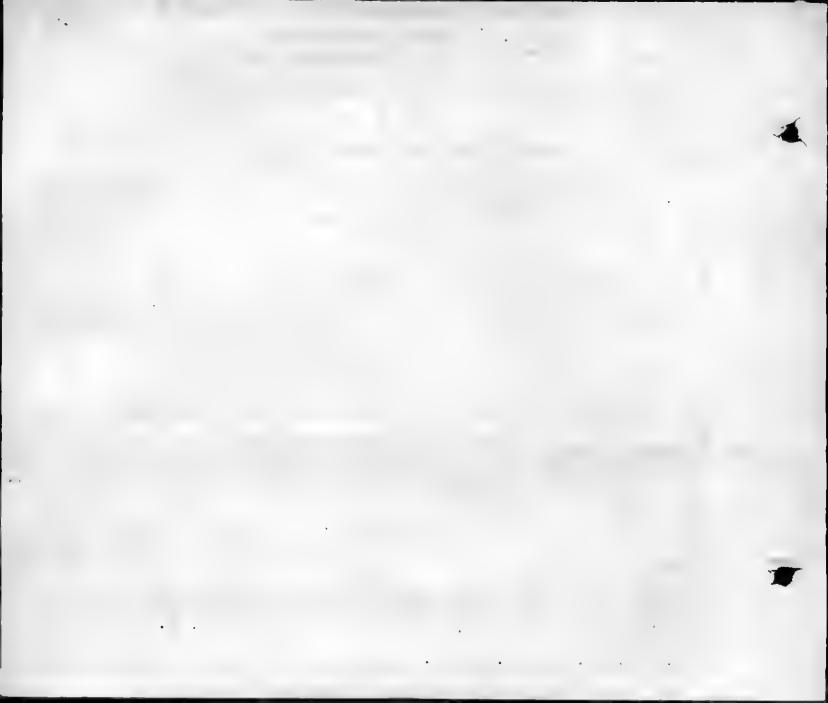


VIII A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 18	3
11126	CERTIFICATE	OF DEATH		Reg. Dist.

11109

						Keg, Dist, N	10.
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased	lived. If instituti		fore admission)
15	ALTIMORE	MARYLAND	MA	RYLAND	) 0. COUNT		<b>*</b>
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limits, write incorest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOW	'N (If outside corpor	ote limits, write R	RURAL and give n	legrest fown)
COCKEY	SVILLE	10YEARS	13.	みとナリハ	INE	2 7	1 4
OR INSTITUTION	TAL (If not in hospital, give street of A SOIVIC 14	oddress)	d. STREET ADDR	_	LAND	AUE	
3 NAME OF	First	Middle	Lost	4. DATE OF	Mor	16.	Day Yeor
(Type or print)	SARAH	ELLEN	MCINTOS	DEATH	OCT	2 .	9 1959
5 SEX	6. COLOR OR RACE 7. MARR WIDOWS		5-23 -/2		9. AGE (In years lost birthday) 73 yrs.	Months Days	AR IF UNDER 24 HRS.  Hours Min
during most of wor	ON (Give kind of work done 10b. rking life, even if retired)  NURSE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE		D.C.	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14 MOTHER'S MA	IDEN NAME			
VERNO		INTOSH		NIE	RYAN		
IS, WAS DECEASED EVI	ER IN U. 5 ARMED FORCES? 16.	NONE	Trent 2	! Smits	Jr. Add	Coche	ywille Me
1 1	ATH [Enter only one couse per lin	ne for (o), (b), and (c).]		0	/		TERVAL BETWEEN
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	vterio PC	herolia	Carol	دنه	0,	NOCE AND DEATH
1	DUE TO	1/ 2	. 1				1611.
Conditions, if a	ony, which	Vascular	Neces	mie .			10.4zem
gove rise to coute (a), stoling	Immediate ( DUS TO						
lying couse lost.							
PART II. OT	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ETERMINAL DISEASE	CONDITION GIT	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3							YES NO
PART II. OT	AS UNDERLYING TO COUNTY OF COUNTY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inj	ury in Port I or Part	II of item 18)		
3 20c. TIME OF INJU	RY Month, Doy, Year 20d 11	NJURY OCCURRED 20e PL	ACE OF INJURY (Hom	e, form, 20f (City	or lawn)	(Count	y) (State)
20c. TIME OF INJUI Hour e. m. p. m.	White	t at work	ctory, street, office blo	lg., etc.)			
21. I certify ti	hat I attended the decease	ed from 10 -	3 , 1949, 1	. 10-2	9, 19 <i>55</i>	that I last	saw the deceased
alive on	10728,125	, and that death	occurred at Le	<i>3<u>е</u> Д.</i> М., fram	the causes o	and an the d	
ACTUAL SIGNATURE	parti J.	/ Caro	MD. Cres	Reynold	reet, city or town. Le MC	state)	10/29/5-9
PHYSICIAN'S NAME (Type)					/		
220. BURIAL, CREMATIC	ON, 226 DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town,	or county)	(State)
REMOVAL (Specify Burial	10/31/1959	St. Mary's H	laipden	Balti	more, Mo	3.	
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	240	REC'D BY REGISTI	RAR 24b, REGI	STRAR'S SIGNAT	URE
Wm. Cook,	Inc. 1217 St.	Paul St.	DA	TENAN 2 150		-1 0 1-	
					J	There are a second	



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Pa **b.** COUNTY Baltimore 153 MARYLAND Baltimore Marvland deoth? b. CITY OR TOWN (If gutside corporate limits, write c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 RURAL and give nearest town Timonium d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS A IS RESIDENCE OR INSTITUTION ON A FARM? 102 Farview Court 102 Farview Court YES NO T NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH H. Ashby McVeigh (Type or print) 19 59 October 5. SEX 6. COLOR OR RACE 7 MARRIED TE NEVER MARRIED **B. DATE OF BIRTH** 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS E ast birthday) Hours white May 17, 1904 male WIDOWED | DIVORCED | popers, 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Virginia Real Estate Broker Self employed carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician William H. McVeigh Maude Ashby remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 114. SOCIAL SECURITY NO. 17. INFORMANT 1007 Farview Court Mrs. Lora Marie McVeigh, no tending CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). 4 2cm DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) AEDICAL 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m Not while at work of work 15 7 that I last sow the deceased 21. I certify, that I oftended the deceased from and that death occurred at alive on \_\_M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 3 shoul PHYSICIAN'S

22 NAME OF CEMETERY OR CREMATORY

ADDRESS

Lorraine Mausoleum

22d LOCATION (City, town, or county)

24n, REC'D BY REGISTRAR

DATE DOT 1 9 '59

Joodlam, Haryland

246 REGISTRAR'S SIGNATURE

Chillian & Frank

(State)

10

may be r

NAME (Type)

 $BU_{R} \perp AI$ 

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION | 226, DATE THEREOF

10-19-59

Ym. C.ook-Towson, Inc., 1050 York Road, Towson



VS A1S (4) 1SM 9/5B 0

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

M

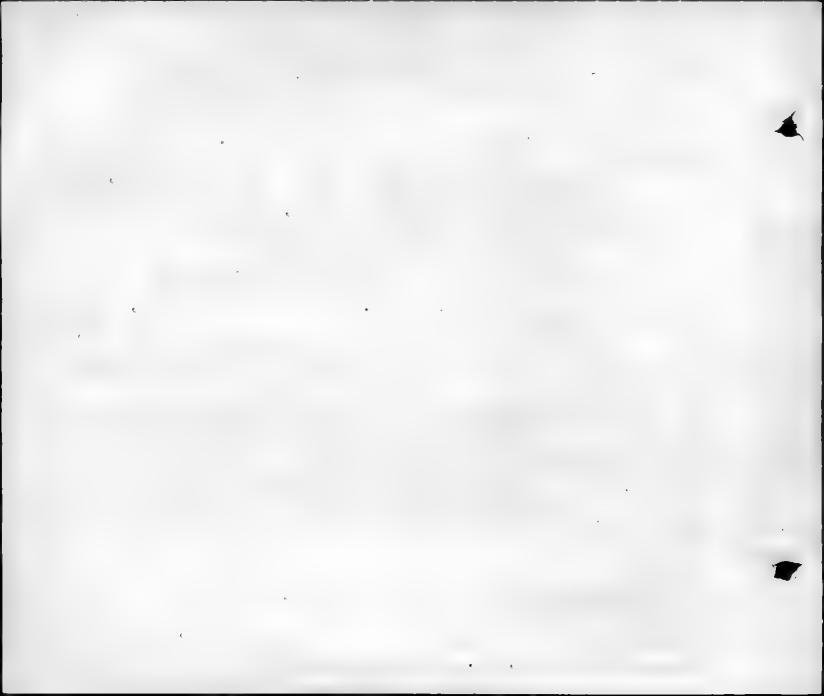
11111

11120	CERTIFICA	AIE OF DEATI	1	Reg. Dist. No.
PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WI 2 STATE Maryland	nere deceased lived If instituti b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
Fort Howard	41 Days	1	mere Road ) Balt	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	_	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
r Veterans Administration I	Hospital	3512 Hills	mere Road	YES NO 🔀
3. NAME OF DECEASED (Type or print) JOSEPH	Middle	Last METTER	4. DATE Mon	
S. SEX 6. COLOR OR RACE 7 MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED 🗌	February 4,1	377 82 yrs.	Months Days Hours Min.
10a. JSUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Huckster Sal	e of Vegetable	s Baltimore	Maryland	U. S. A.
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN I	_	1
George F. Meier		Hester MN:	: Unknown /-	dems
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  {Yes no. or unknown}   {If yes, give wor or dates of service}		NFORMANT	Add	ress
	None Cl	inical Record	ls,VAH,Balto.18	Md.Ft.Howard Div
1B. CAUSE OF DEATH [Enter only one couse per line	o for (a). (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARC	CINOMA OF BLAD	DER		UN KNOWN
/>*, <b>X990</b> 0				
	CINOMA OF RECT	'UM		UNKNOWN
gave rise to immediate Couse (a), stating the under-				
lying cause lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORMED?
3 ARTERIOSCLEROTIC HEART DE	ISEASE Exclain	ons: Tun- vai	rcinoma of Blac na of Rectum-9	
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of Item 18.)	
Hour o.m. While		ACE OF INJURY (Home farm clary, street, office bldg., etc		(County) (State)
21. I certify that aftended the decease	d from September	L 1959 toOct	ober 15 1959	- INCOMPANDAMINADAL
(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	_			
			ADDRESS (Street, city or lown	stotal DATE SIGNED
SIGNATURE JACUNEAUR DV	narcus	M.D. VAH, BALTO	18,MD.,FT.HOW	ARD DIV. 10/15/5
PHYSICIAN'S NAME (Type) LAWRENCE D. MARCUS				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	
Burial (Specify) 10/17/59	Loudon Park	Cemetery	Baltimore, l	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	1107 Wilkens			STRAR'S SIGNATURE
loward H. Hubbard	Baltimore. Ma		[19'59 ]	hun S. Kenne
	Contract of the Contract of th			



moy be reto VS A15 (4) 15M 9/55

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Yeor OCHOBER 29.1959 19 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Hours 12. CITIZEN OF WHAT COUNTRY? Pikesville. INTERVAL BETWEEN ONSET AND DEATH das PERFORMED? YES NO | (County) (State) 1955 that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24g. REC'D BY REGISTRAR NUV 2 '59 24b. REGISTRAR'S SIGNATURE John O. Vitchell & Sons, Inc., 1900 Eutaw Place DATE



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11140

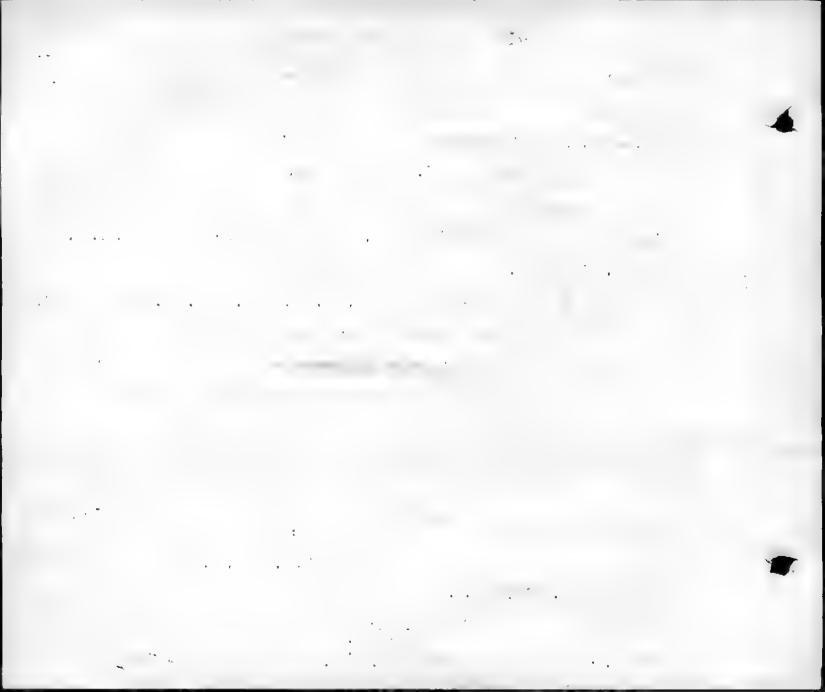
**CERTIFICATE OF DEATH** 

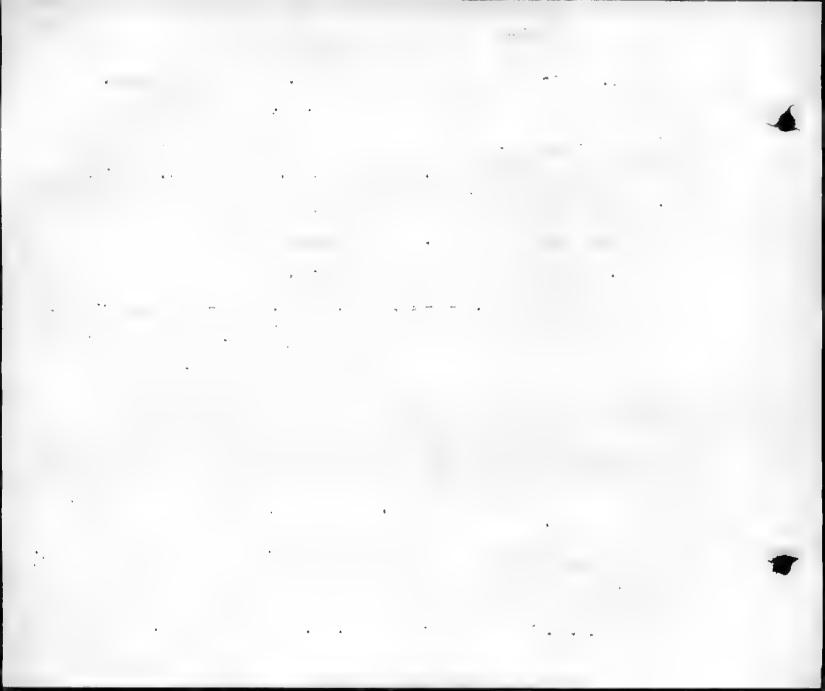
11113 Rea. Dist. No

						110 21 21	
I. PLACE OF DEATH a. COUNTY				UAL RESIDENCE (WH	iere deceased tive	d. If institution Resident	ice before admission)
BA	LTIMORE	OLA:	N. A.	MARYLA	ND		IMORE
RURAL and give n		s, write c. LENGTH OF STA	Y IN 1b c.		iutside carporale	limits, write RURAL and	give nearest tawn)
RUXT				RUXTON			
OR INSTITUTION	TAL (If not in hospital, gi	ve street dodress)	, d.	STREET ADDRESS			e IS RESIDENCE
	500 LOCU	15T AVENU	E	1505 LOC	UST AVEN		YES NO
NAME OF DECEASED (Type or print)	Firs	Midd VIRGIN		Lost MAN	4. DATE OF DEATH	Manth OCTOBER	29 19 59
SEX	6. COLOR OR RACE	7. MARRIED NEVER MAR	RIED T B DATE	OF BIRTH	9 A	GE (In years IF UNDER	1 YEAR, IF UNDER 24 H
FEMALE	WHITE	WIDOWED DIVOR	-	TEMBER 7,	1891 6	ist birthday)   Manths	Days Hours Min
Da USUAL OCCUPATE	ON (Give kind of work d	ane 10b. KIND OF BUSINESS	OR INDUSTRY 11	. BIRTHPLACE (State	ar foreign cauntry	() 12. CIT	ZEN OF WHAT COUNTR
MOUSEWIFE	king life, even if retired)	ONN NOME	C	MARYLAND			USA
3. FATHER'S NAME			14, /	NOTHER'S MAIDEN N	IAME		
	DS. PIERGE				TRACEY		
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCE († yes, give war or dates of se	ES? 16. SOCIAL SECURITY N	O. INFORM	ANT		Address	
NO	( ) year, give must be during of se	NONE	MR. WI	LLIAM J.	MERRYMAN	1505 LOC	UST AVE.
IB. CAUSE OF DE	ATH [Enter only one cau	se per line for (a), (b), and (	c) ],	1 1			INTERVAL BETWEEN
	ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Corpora	1 /= 2	1215/16	5		13 min
1 + 7,5		03,011,0	Y 18			1	
	DUE TO	0.801	41,	2. 611	Time	Or (Ca)	(1 mins
Canditians, if a		1050 Uperva	Y (100)	16/1/1C	. I WK	01100	4114
gave rise to i	\ DITE TO	(	/	,			
lying cause last.	(c)						
PART II OT		ITIONS CONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO THE TERM	NAL DISEASE CO	NDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
ā							PERFORMED?
20a ACCIDENT W	45 TINIDERIVING FT	20b. DESCRIBE HOW INJURY	OCCURRED ISsue	a makina ali tahuan ta t	Seet Lee Best II o	6 dam 10 t	123 [] 110 [
	AS UNDERLYING TO SEATH (MEDICAL EXAMINER)	ZVD. DESCRIBE HOVY INJURY	OCCORRED. (Enle	r nature at injury in i	ran i ar ran ii o	Hem Ib.)	
20c. TIME OF INJUI	RY Manth, Day, Yea	20d INJURY OCCURRED	20e. PLACE OF	INJURY (Hame, form	, 20f. (City or to	own) (-	Caunty) (Sta
Haur a.m.	19	While Not while	factory, st	reet, affice bldg., etc	-)		
p. m.	17	at work at wark		17 2 1	1/		
21. I certify the	hat I, attended the	deceased fram. 41	<i>DO</i> ,	1929, to 19	7/29	, 1929,that I lo	ist saw the deceas
alive an	2/24	1994 and the	at death accu	rred at 445 A	M from the	causes and an the	
	Z	C 1				city or town, state)	DATE SIGN
ACTUAL /	Jelier All.	1 ATazia			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	12/201
SIGNATURE /	guezzor (	MINGEN	M.D _	-Seminary-	Avenue		10/20/
PHYSICIAN'S NAME (Type)	Bennett A.	Stoen		Luthervill		and	
2a. BURIAL, CREMATIC	ON, 22b. DATE THEREO	F 22c. NAME OF CE	METERY OR CREM	ATORY	22d. LOCATION	(City, lawn, ar caunty)	(State)
REMOVAL (Specify)	10/21/59	PROSPECT			TOWSON	MARYL	
	S-SIGNATURE A	ADDRESS	. Manager Off		D BY REGISTRAR	24b. REGISTRAR'S SI	
TO IVE 10	WELLAND C	4-31-0-		1			
OHN BURNS	SONS TO	WSON MARYLAND		DATE	OV 2 '59	Catana S	of the same

,s 2 I ".[

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11147 CERTIFICATE OF DEATH Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Baltimore d. STATE Land b. COUNTY Fled MARYLAND Talbot era b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Saint Michaels 280 Days Fort Howard d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 Box 432 Veterans Administration Hospital YES NO K 4. DATE Middle tost <sup>1</sup>59 DECEASED H. MILLER, JR. October CHARLES Pages (Type or print) DEATH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8 DATE OF BIRTH Months complete DIVORCED | May 31, 1913 WIDOWED | Male Colored 10a. USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death Interior and Ext. Saint Michaels, Maryland U. S. A. Painter and pour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate Emma Hopkins Charles H. Miller, Sr. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Clin.Rec.VAH.Balto.18.Md. Ft. Howard Division 230-05-9838 Yes 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONST DAYS ATH PART I. DEATH WAS CAUSED BY: LOBAR PNEUMONIA, RIGHT UPPER LOBE IMMEDIATE CAUSE (a) DUE TO 18 MONTHS CACHEXTA Conditions, if any, which gave rise to immediate MALABSORPTION DUE TO ja d couse (a), stating the under-Б 18 MO DUE TO PIGMENTATION AND EDEMA OF THE MUCOSA OF SMALL BOWEL lying cause last. PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 39. WAS AUTOPSY CATION PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c, TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (Caunty) (State) factory, street, office bldg., atc.) While Not while at wark at work p, m 21 1 certify that xattended the deceased fram December 29 , 1958 , ta October 5 CXXXXXXXXXXXXXXX and that death accurred at 1:40PM, fram the causes and an the date stated above. OR ADDRESS (Street, city or lown, state) Get ACTUAL M.D. VAH. BALTO. 18. MD. FT. HOWARD DIVISION SIGNATURE P a. ۵ FUNERAL NAME (Type) NORRIS L. NEWTON, M.D. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode Chas F. Thomas Memorial Saint Michaels, Maryland 0 ADDRESS 1808-10 N. 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Monroe St. VS A1S (4) Bothung France Arlington S. Phillins Funeral Home Balto 17. Md 15M 9/58 Shipped to James B. Dashiell, Easton, Maryland





VS A15 (4) 15M 10/57

17	X	
(	M	)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11143

### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
o. COUNTY B2/timore MARYLAND	o. STATE Maruland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give neorest lown)	Baltimore
d NAME OF HOSP!TAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RES DENCE
OR INSTITUTION	ON A FARM?
3. NAME OF DECEASED L'IIIan Ceccliz Middle (Type or print)	1:11 er Doy Year Death Oct. 2 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
F WIDOWED DIVORCED	Oct, 18, 1902   lost birthdoy) Months Doys Hours Min.
100- USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Houseunte	Maryland
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
0 / / / / 0	and the same of th
Nudol; Von Bussenius	(ecelia f. Biedermann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes, no. or unknown) [ (If yes, give wor or dotes of service)	NFORMANT Address
//12	r. Elmer G. Miller, 2005 Kennedy Ave.
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	2rco-2 6 mo
₹00./ DUE TO	
Conditions, if ony, which (b)	
gove rise to immediate couse (a), stating the under-	
lying couse lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY
JY I	PERFORMED? YES NO NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port t or Part II of stem 1B.)
OR CONTRIBUTING CAUSE OF DEATH	. Letter tolde of trippy in room of room to seem to y
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the last while to the last work of the last work of the last work to the last wor	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
Hour o. m. While Not while of work of work	tory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	, 1957, 10_2-t-, 1959, that I last saw the deceased
alive on 2012 8, 1957, and that death	occurred at 6.38 M, from the causes and an the date stated above.
1.10	ADDRESS (Street, city or lown, state) DATE SIGNED
SIGNATURE William a. / your	10 Kingsville Md. Dut. 2 1959
SIGITATIONS.	W Joseph
PHYSICIAN'S William A. Tyson	
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City town, or county) (Stote)
REMOVAL Specify 10/5/59 Baltimore	emetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	the second secon
Leonard J. Ruck 5305 Harzord Road	#14 DATUGE 239 Cooling & Kruns



TO HOSPITAL OF

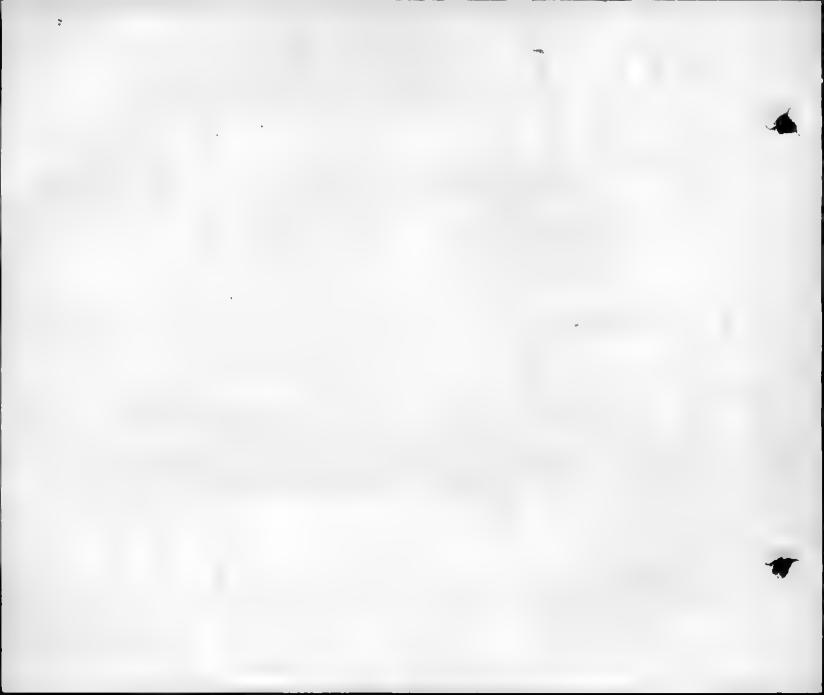
MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE, 1	ε
11144	CERTIFICATE	OF DEATH		

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

11117

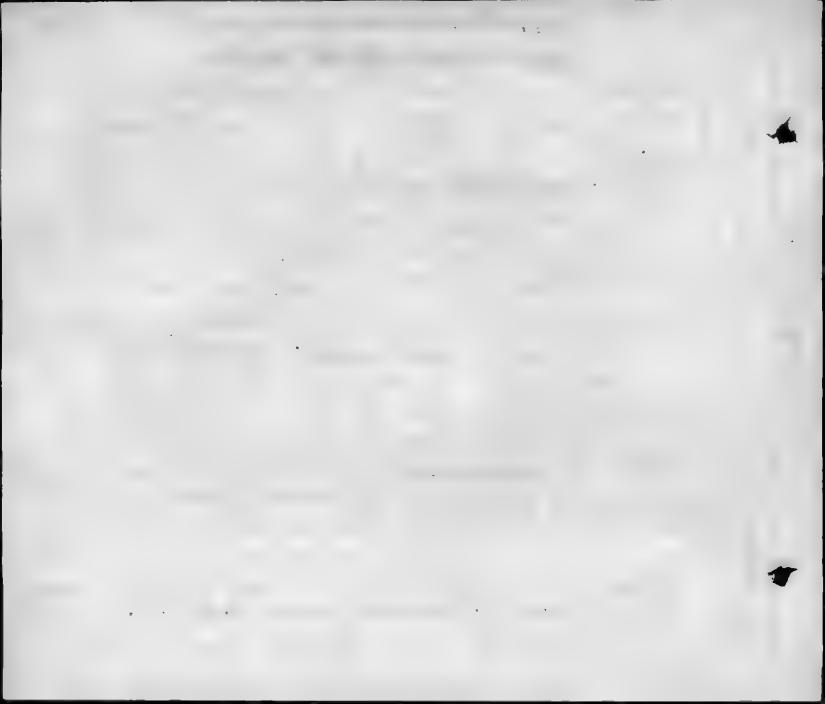
1, P	PLACE OF DEATH  COUNTY BALTIMERE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY BALTO				
	c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION VILLA TULIE	d. STREET ADDRESS  VALLEY  RD.  e is resident on a fara yes [] NO				
ľ	NAME OF First Middle DECEASED Type or print) SISTER MARIE MONICAL MAI	Last OF Manth Day Year OF DEATH OCT. // 194				
5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  NOV. 9 188 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2/ Months Days Hours IA				
	. USUAL OCCUPATION (G ve kind of work done during most of work ng life, even if retired)  IN FIRMARIAN RELIGIOUS	INGLAND U.S.A.				
13. (	FAMES NEEDHAM	14. MOTHER'S MAIDEN NAME  ANN McDONOUCH				
1S Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (II) yes, give wor or dates of service)	iter Mare Catrical tilla, Julie				
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)  PART 1 DEATH WAS CAUSED BY:  HAT 2 MANUAL BE ONSET AND  LIMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFO						
	20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO [Enter nature of injury in Part I or Part 11 of item 18.)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P Hour o. m. 19 While Not white at work all of work	ACE OF INJURY (Home, farm, 20f (City or town) (County) (Sictory, street, office bldg., etc.)				
	21. I certify that I attended the deceased fram. Sylative on Nov 8, 19 5 9, ond that deat ACTUAL HOWELD HOWELD SIGNATURE	n occurred at M, from the causes and an the date stated of ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SI				
	PHYSICIAN'S Harold H-Burns	<b>V</b>				



NSTRUCTIONS

#### 11145 CERTIFICATE OF DEATH

1. PLACE OF DEATH	
	2. USUAL RESIDENCE (HOME) OF DECEASED
county Baltimore MARYLAND	STATE / DRYLAND COUNTY JALBOTT V
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
Townto Wilson 8 minutes	TOWN TRAPPE
HOSPITAL OR	STREET (If ruret give location)
INSTITUTION OR STREET ADDRESS M4 1413 000 C 4040 II	ADDRESS MAPIF AVENCIF
SHREET ADDRESS Mt. Wilson State Hospital	
DEGEASED (Type of Print) //OYD LEONARD /	10RRIS DEATH CT, 26
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	A DIOLET THE STATE OF THE STATE
MINALE VVHITE (Specify) DIVERCEN	129/96 63 yrs. Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) SURAL LETTER CARRIER RETIRED	11. BIRTHPLACE (Stete or foreign country)  12. CITIZEN OF WHAT COUNTRY COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN LRVIN MORRIS	MINNIE ELIOXDI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, (ho, or unk.) (If Yes, give wer, or dates of service)	17. INFORMANT & ADDRESS Hospital Records
(Yes, (ho, or unk.) (If Yes, give wer, or dates of service)	Mt. Wilson State Hospital
I GUSEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
T BUSEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	117L INFARCT Stoms
DISEASES OR CONDITIONS, IF ANY, (B)	THROMBOSIS Ununtara
STATING UNDERLYING CAUSE LAST. DUE TO ARTERIO 5 CAE	ENLTIC CARDIAC DISEASE 240MS
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11. 11. 11. 11. 12. 13. 12. 7. 2011
TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	MABERCULOSIS 11/2 CITADO
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION /	20. AUTOPSY?
003X	YES NO N
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	216. HOW DID INJURY OCCUR?
22 I haveby cartify that I attended the decorred from ") /1"?	19.57, to 10 126, 195, that I last saw the deceased
alive on, 2 2, 19, and that death occurred at	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	(200,0)
Period Pet 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Red of the transfer of the second
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE	March the mind will be the
	The second secon





# FOR STATE HEALTH DEPT.

State death.

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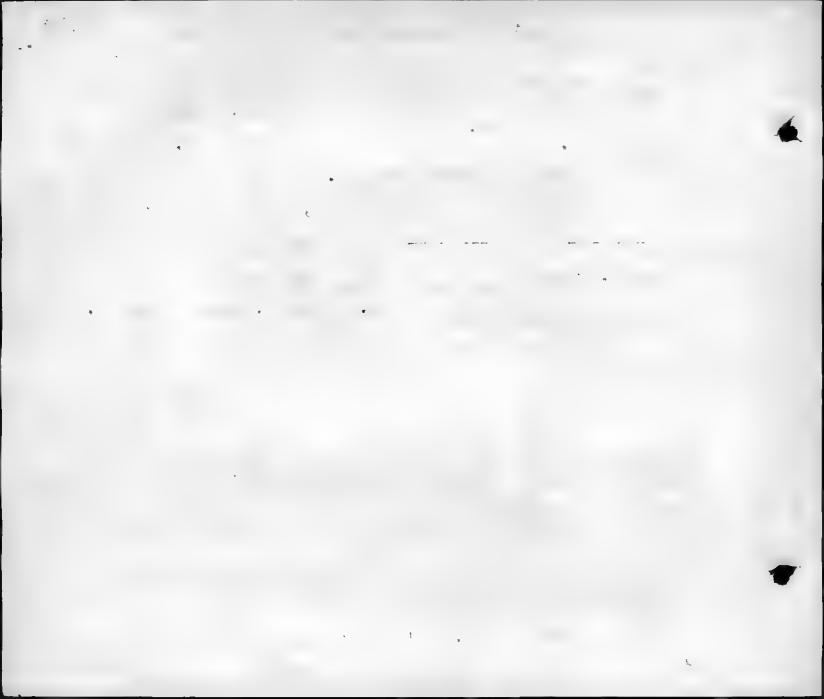
VS. A15ME

5M 2757

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11120

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **a** STATE **6 COUNTY** Baltimere Baltimere MARYLAND b. CITY OR TOWN 11 outs de ce parate limits write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest own) Life Tewson. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 115 Tembury Rd. 115 Tembury Rd. YES NO 3. NAME OF First Last 4. DATE DECEASED Thomas Campbell Murray Jr. 19 59 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE |In rears IF UNDER 1YEAR IF UNDER 24 HRS Months Days Hours White Iuly 18. 1957 WIDOWED | DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. OTIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas C. Murray Julia Codd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give mar ar dates al service) Mrs. Catherine T. Murray 5220 Yerk Rd. 18. CAUSE OF DEATH [Enter only one couse per line for (4), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.) Month Day, Year INJURY OCCURRED al work of work 21. I certify that I took charge of the remains described above, held on Autopsy 17. Inspection Inquiry ond in my opinion death resulted from: Natural causes . Accident 19. Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or county) CEMETERY OR CREMATORY (State) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE willing & House DATE



death: Page 4

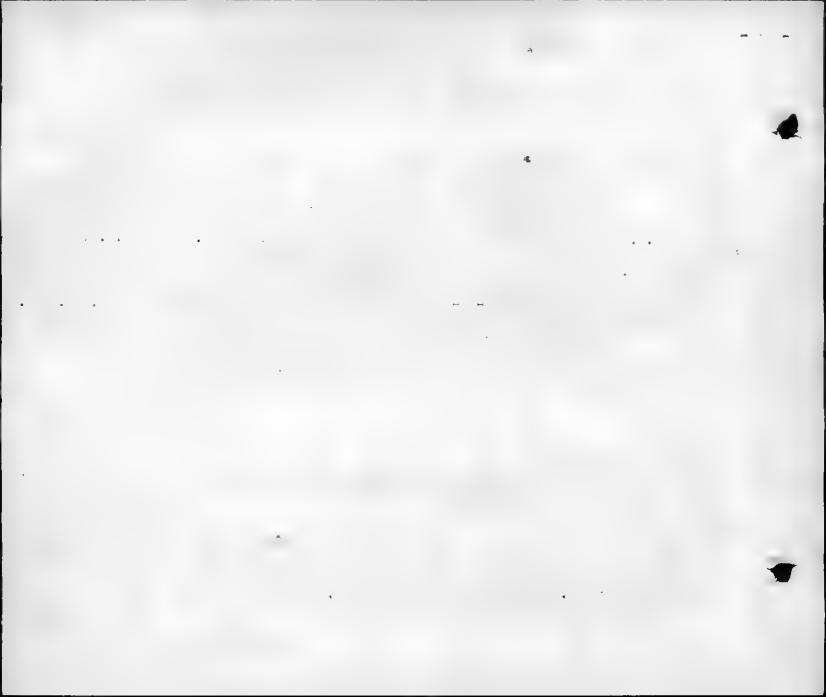
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11121

		1102	4	•	CERTIF	FICA	ATE OF D	EATH	1		Reg. D	ist. No.		- Alley
o. COUN	1473 /	timore			MARYL	AND	D STATE	ence (wh		lived. If instituti b. COUNTY	on: Reside Anne	nce befo Arru	ndel	ion)
b. CITY C		outside corporale lin grest fown)	its, write	1 6 4	of stay in		c. city or t		utside corpor	ate limits, write R	URAL ond	give nec	rest town	)
OR IN	STITUTION "	(If not in hospitol, Hospital,		oddress)	, Md.		d STREET A	DDRESS -						PARM?
3. NAME O DECEASE (Type or )	D	John	nit		Middle Thomas	S	Myers		4. DATE OF DEATH	Octobe		Do		Year 1959
5. sex male		6 COLOR OF RACE White	7. MARI WIDOW		ER MARRIED		8. DATE OF BIRTH April 23	-		9 AGE (In years last birthday) 67 yrs.		R 1 YEAR Days	Hours	R 24 HRS Min.
T gnung i	most of works	N (Give kind of working life, even if retires onductor	done 10b.	KIND OF BI	USINESS OR	INDU	Odento	-	_			U.S.		COUNTR
Joses	oh D. 1	Mey <b>ers</b>					14. MOTHER'S Emma	Maiden n Meeks						
15. WAS DEC	CEASED EVER	MMWWW	service!	SOCIAL SEC L7=07=			nformant Ce: Mary	Beasl	ey Mye	Add ers, Ode		A.A	. Co	., Mo
		H [Enter only one of H WAS CAUSED BY: IMMEDIATE CAUSE (				r_A	ccident					INTI	RVAL BE	TWEEN DEATH OUTS
Condi gove cause	itions, if an rise to im (a), stating the couse last.	y, which ) (mediate Out v	o o Art				Cardiovas	cular	r Dise	ase		Ma	iny y	rears
A L	PART II. OTHI	ER SIGNIFICANT COI	NDITIONS	CONTRIBUTI	NG TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
OR CON	NTRIBUTING I	UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)	20b. DE5	CRIBE HOW	INJURY OC	CURRE	D (Enler nature of	Finjury in P	ort I or Port	11 of stem 18.)				
	E OF INJURY our 6. m. p. m.	Month, Day, Ye	While	NJURY OCC Not w rk at wor	hile	20e. PL fo	ACE OF INJURY (I ctory, street, office	Home, form, bldg., etc.	20f. (City )	or lown)	(	(County)		(State)
	on <u>Octo</u>	ber 6					occurred at	7:12r	M, from	the causes of the test, city or lown,	and on I		te state	
PHYSICI NAME (	Type) Lie		ndry,		Rela		27, Md.							
REMOY	CREMATION	100cto	bers	7 1	oudor	1	R CREMATORY		Ba	ON (City, town,		10	(Slote	and
23. FUNERAL	L DIRECTOR'S	SIGNATURE	G/p-	ADDR	ESS PAIR	,	Md-	24a. REC'E	BY REGISTION OF 15		athun d			

may be retained by the hospital or attending physicion

O FUNERAL L. CIOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. may be retained TO FUNERAL D VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/\$5

<b>(1)</b>

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11148

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE  Md.  B. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Fullerton
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4515 Fullerton Ave.	street address 4515 Fullerton Avenue  on a farma? YES \( \sigma \) NO (A)
3. NAME OF Frst Middle DECEASED (Type or print) JOHN NET	BOHY Lost 4. DATE OF Month October 22 Day Yeor 19 59
s. SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED TO DIVORCED	8. DATE OF BIRTH  9. AGE (In years lead by birthday)  Aug. 23. 1875  9. AGE (In years lead by birthday)  Months Days Hours Min.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tailor  T. J. Swartz	11. BIRTHPLACE (Stole or foreign country)  Czechoslovakia  12. CITIZEN OF WHAT COUNTRY?  Example: Czechoslovakia
13. FATHER'S NAME	Antonia Bukovsky
John Nebohy  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (191, no or unknown) (19 year give wor of dofes of service) 215-09-2304A	
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse test.  DUE TO  DUE TO  [c]	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DÉATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port 1 or Port II of item 18.)  ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. 19 of work of work	clory, street, office bldg , etc.)
21. I certify that I attended the deceased from $7-12.16$ alive an $0.4.21$ , $19.54$ , and that death ACTUAL SIGNATURE GRAW G. Swiss NAME (Type) ADAM G. Swiss	occurred at 1:45 A.M., from the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  DATE SIGNED  MD. 6732 Pellew RS, Bacto. 6, Well 04.334
770. BURIAL, CREMATION, 27b. DATE THEREOF 27c. NAME OF CEMETERY OF BOHEMIAN NA	
23. FUNERAL DIRECTOR'S SIGNATURE Schimunek Funeral Home Inc. 2001-3-5 E. Madison St.	DATE OCT 2 6 159 C. Land S. King

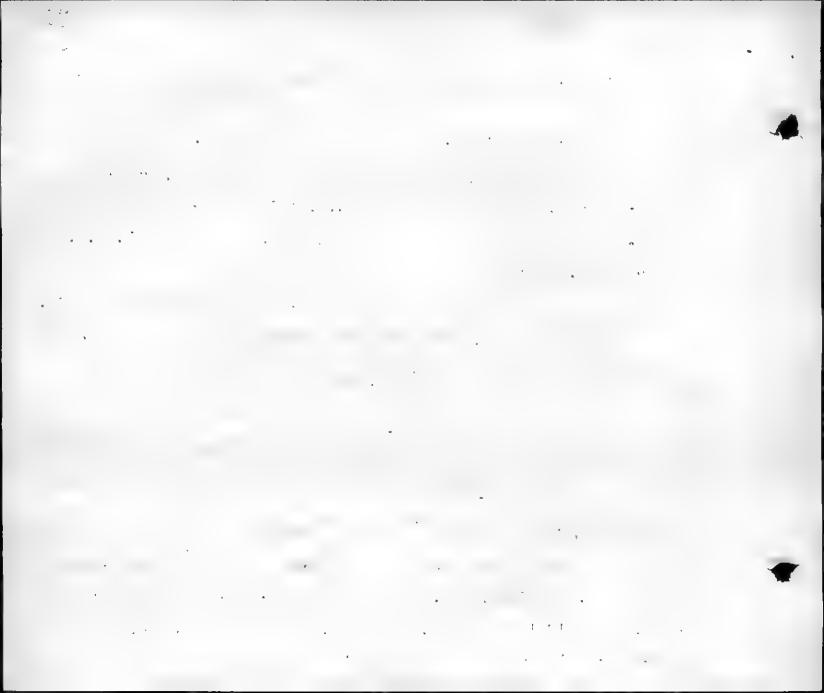


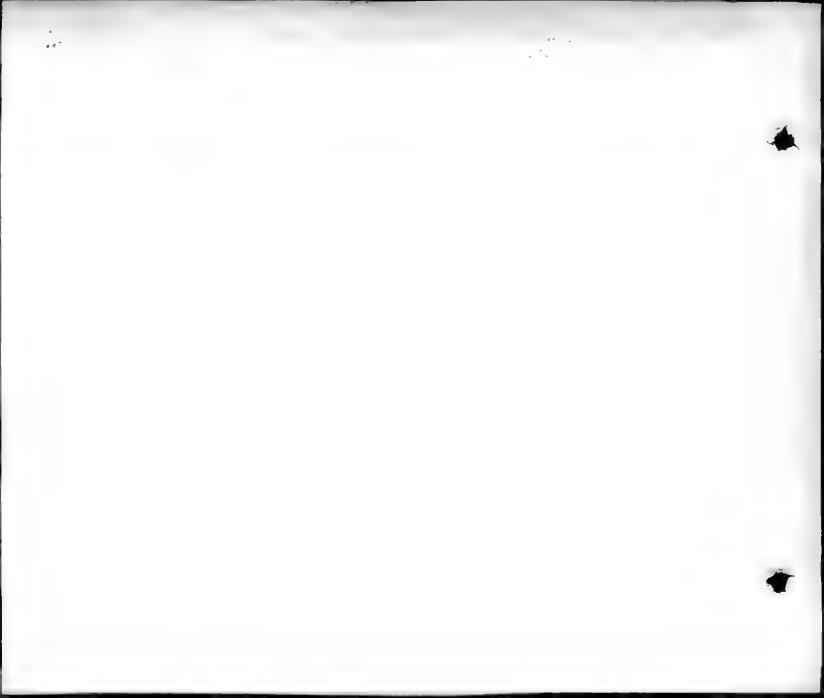
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11123

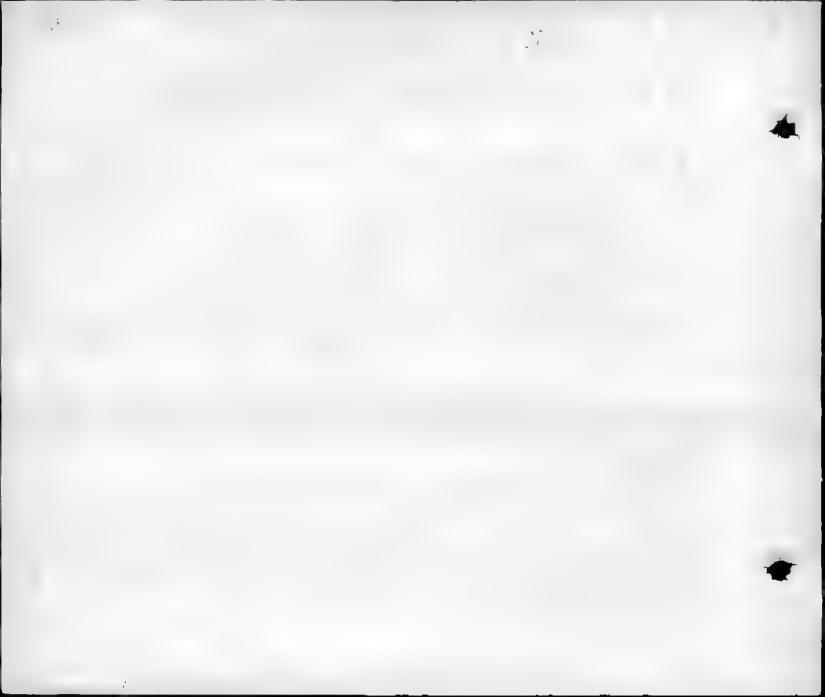
		and the same of th	CERTIFIC	ALE OF D	EAID		Reg. Dist. N	ło.
1	, PLACE OF DEATH				ENCE (Where decease			efore admission)
	a. COUNTY	altimore	MARYLAND	o. STATE	arvland	b. COUNTY	Balt	timore
		f outside corporate limits, write	c. LENGTH OF STAY IN 16	1,1	OWN (If outside corp	orote limits, write R	URAL and give	nearest lown)
-	d NAME OF HOSPIT	AL (If not in hospital, give street	nddress)	A Balt	imore			e. IS RESIDENCE
	OR INSTITUTION	5543 Gaylan		5543		Rd.		ON A FARM? YES NO 1
3	NAME OF DECEASED	First	Middle	Last	OF	Mon		Doy Year
L	(Type or print)	Mary		Neighoff	DEATH	000	,	959 19
1	s. SEX		RIED 🖍 NEVER MARRIED 🗀		_	9. AGE (In years lost birthday) 9 yrs.	Months Doy	AR IF UNDER 24 HRS
	female	white widow		Oct.4,		1	,	
1	0o. USUAL OCCUPATION during most of work Housewif	DN (Give kind of work done 10b, ing life, even if retired)	KIND OF BUSINESS OR INI		CE (Stole or foreign	country)		OF WHAT COUNTRY
1	3. FATHER'S NAME				MAIDEN NAME		1	
	Charle	s S. Neighof:	£	Isabe	lle Dibb	8		
		R IN U. S. ARMED FORCES? 16, (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	INFORMANT		Add		
	no		none	Bernard	N. Neigh	off 554	3 Gayl	and Rd.
		TH [Enter only one couse per li	ne for (b), (b), and (c) ]	6 .				NTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	Johnson	word	ma			10 1000
	200.1	DUE TO					ŀ	
-	Conditions, if or							
	gove rise to it couse (o), stating l lying couse lost.			,				
	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(0	PERFORMED?
	5	CANDENIAN DE TON DEC	CRUBE HOW INDUST OCCUP	IDED JE-1	t-t	at II of Steen TRI )		YES NO 1
	PART II. OTH  200 ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	KED. (Enter noture of	injury of ron or re	er ii or iiem (u )	_	
	20c. TIME OF INJUR	Y Month, Day, Year 20d. I	NJURY OCCURRED 20e.	PLACE OF INJURY (		ly or town)	(Coun	ty) (Stole
	20c. TIME OF INJUR Hour o.m.	19 While of wor	Not while	foctory, street, office	bidg., etc.)			
	21. I certify th	at I attended the deceas	ed from Jaw	19.59	, to Cect	24, 1949	that I last s	aw the decease
	alive an	Oct 24 , 19.	Jan and that dec	ith accurred at_	PAR Hom	the causes an	d on the do	ate stated above
		er 11	18	4	ADDRESS (	Street, city or town.	state)	DATE SIGNE
	SIGNATURE	/ Tull	ass	_m.d70	Much	eus any	Falls?	4 (M/10.20
	PHYSICIAN'S NAME (Type)	I.Earl Pass			001 W11k	ens Ave	nue_#2	9
1	20. BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY			ATION (City, town,		(Stole)
	REMOVAL (Specify) Burial		Loudon Pa	ark Cemet		ltimore,	Maryl	and
2	3. FUNERAL DIRECTOR		ADDRESS	0	24a. REC'D BY REGIS	STRAR 246. REGI	STRAR'S SIGNA	TURE
	Howard H	I. Hubbard 41	07 Wilkens	Avenue	DATE			





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11151 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) filed COLIN Noto. COUNTY MARYLAND MORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO FA NAME OF Middle Month Year DECEASED OF (Type or print) Nec DEATH 19 4 6 COLOR OR RACE MARRIED NEVER MARRIED 9 AGE (In years lost birthday) B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED DIVORCED [ YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Sece TAR carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **BADE** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 833KINGSTON 10 18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. " IMMEDIATE CAUSE (o) N. W. **DUE TO** Conditions, if ony, which permit gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D. 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slole) factory, street, office bldg., etc. Hour a.m. While Not while ol work of work D. m. 21. I certify that I attended the deceased from 1955 that I last saw the deceased and that death occurred at 5 1 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNEF 22b DATE THEREOF 220 BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) RIA チャバ 00000 110 23. FUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Ciring S. House DATEOC

TSM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11152 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cu d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO . = 3. NAME OF Middle 4. DATE Year Doy DECEASED OF (Type or print) DEATH 19 -5 5. SEX 16. COLOR OR RACE 7. MARRIED PINEVER MARRIED BADATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bisthday) Manths Doys popers. WIDOWED [ DIVORCED [7] yes 10a. USLAL OCCUPATION (Give hind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during each of working fife, even if retired) 12 CITIZEN OF WHAT COUNTRY. death. and carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address guipu NO 18. CAUSE OF DEATH [Enter only one couse per line for (o) (D)) and INTERVAL BETWE PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 1120. **DUE TO** Conditions, if ony, which 161 gave rise to immediate DUE TO cause (o), stoting the underburial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116) TOPSY PERFORMEDO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED. (County) (Stote) factory, street, office bldg., etc.) D. III While of work [ at work 21. I certify that I attended the deceased from that I last saw the deceased alive an emd. death occurred at A.M. from the causes and on the date stated above 080 ADDRESS (Street, city or **DATE SIGNED** ACHURC SIGNATURE ZAL Di shauld PHYSICIAN'S NAME (Type) FUNEZA BURNAL CREMATION. 22Ь **QATE THEREOF** 22c NAME OF CEMETERY OR CREMATORY or county) 15tole 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE OCT Chilling & Krans 1SM 10/57



VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
11018	CERTIFICATE	OF DEATH	

11127

1. PLACE OF DEATH a. COUNTY			2. USUAL	RESIDENCE (When			1. Residence bef	ore admissi	on)
Balt	imore	MARYLI	IND STATE			COUNTY	ltimor	•	
RURAL and give near	utside corporate limits, write est lown)	c. LENGTH OF STAY IN		OR TOWN (If out	tside corporate (in	iits, write RU	RAL and give no	earest town	)
Aubutus			Arbu	tua 5	1				
d. NAME OF HOSPITAL	(If not in haspital, give street	address)		FT ADDRESS				e IS RESI	DENCE FARM?
II42 L1	nden Ave		1148	Linden	AVe				NO
3. NAME OF DECEASED (Type or print)	Richard L.	• Neuendor	f	Lost 4	6. DATE OF DEATH	Oct.	15/59	-,	rear
5. SEX	White				lost		Months Days		
	WIDOW	trui				yrs.			
duting most of working	(Give kind of work done 10b. g life, even if retired)	ican Radia		THPLACE (State or ryland	foreign country)		USA	)F WHAT C	OUNTRY?
13. FATHER'S NAME	11.91	town re		ER'S MAIDEN NA	ME		027/05		
	Neuendorf			Same	DATE.				
	N U, S. ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT	a		Addre	44		
	yer, give war or dates of service)					_	**		
The CAUSE OF BEAT	41.	3 01 4348	Mrs. A	gnes Ne	uendor	<u> </u>		***********	
	Enter only one cause per ti WAS CAUSED BY:	-	711					TERVAL BE	
1/	WMEDIATE CAUSE (0)	CORONAL	CY I MI	ton Be	3185			MME	FATR
420.1	DUE TO								
Conditions, if any	nediate (						-		
couse (o), stoting the									
lying couse lost.	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT BELATE	D TO THE TERMIN	AL DISEASE COAR	MITION CIVE	NA DA DA DE 1/_L	TO MAKE A	NI TORCY
I OF PART II. OTHER	. "	ON B	H BOT NOT KELATE	D TO THE LEKWING	ALDISCASE CON	JITON GIVE	M IM LWKI IÍDÍ	PERFO	RMED?
200 ACCIDENT WAS	INDERLYING ET 205 DES	SCRIBE HOW INJURY OCC	1188ED (Enter not)	re of injury in Pa	rt I or Port II of a	tem 18 t		162 []	ио 📘
OR CONTRIBUTING C	CAUSE OF DEATH	TOTAL PROVE TO STATE OF THE STA	Control (Control Note						
20c TIME OF INJURY Hour a.m.	Month, Doy, Year 20d ! While		De. PLACE OF INJU- factory, street, i	RY (Home, farm, office bldg., etc.)	20f. (City or tow	n)	(County	1)	(State)
∑ p. m		rk ot work							
21. I certify that	I attended the deceas	sed fram	25, 19	5, ta 0	tober!	1957,1	hat I last sa	w the d	eceased
alive an FCD	Ruarry 21, 19	59, and that a	eath accurred	at. ISIN	A, fram the c	auses and	an the dal	e stated	abave.
		0 -		AI	DDRESS (Street, ci	ly or lown, s	tole)	DAT	E SIGNED
SIGNATURE M	clem n. 1	Dorden	M.D. <b>5</b> 9	OF BAL	TO NA	TION	14 Pi	KIS	
PHYSICIAN'S NAME (Type)	elvin N.	BORDER	/ B	ALTO	29 M	D		/0	15/59
220. BURIAL, CREMATION, REMOVAL (Specify)	22b, DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMATOR		2d. LOCATION (		county)	(State	<del>)</del>
Burial	Oct. 16/59	Woodlawn		W	oodlaw	7, 1	Md.		
SA Inher Pasedidity		Orsadoress		24a. REC'D	BY REGISTRAR		RAR'S SIGNATI		
4101 Edmon	ason Ave			DATE UC	1 9 '59.	بالرب	hur S. The	MAR.	

CORONARY THRON BOSES

Emmediate

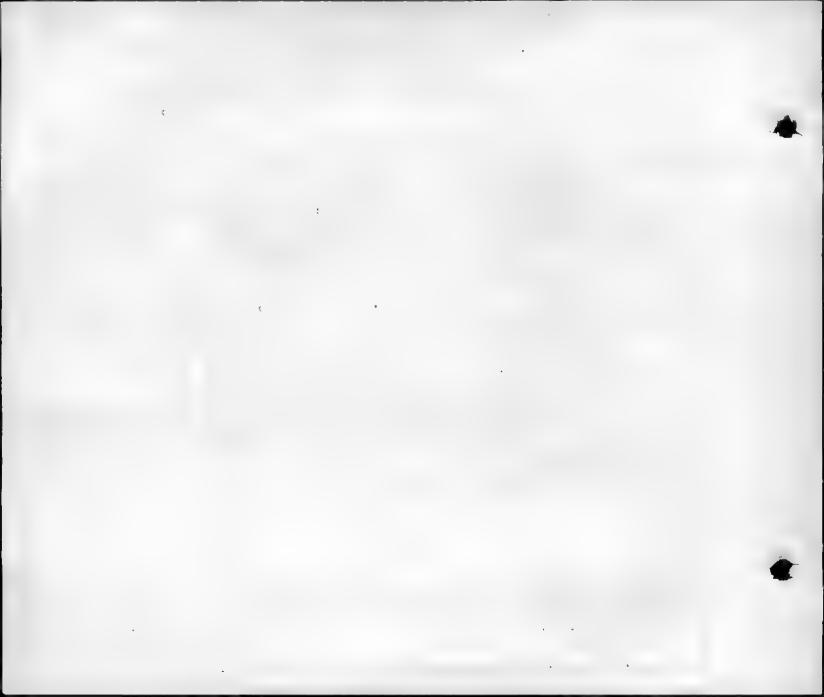
SHUN

February 21 55 Settlement 31 59

BIST

BILLION 11. BOWLEN BALTO NATIONAL PIKE

Melvin N BOWLEN BALTO 29, MD 10/15/54



1101	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No	) <b>,</b>
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Wh o. STATE Maryl	ere deceased lived. If instit and b. COUN		re admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dundalk	c. LENGTH OF STAY IN 16	c. city or town (if o	utside corporote limits, write ${f 1k}$	RURAL and give ne	arest town}
or INSTITUTION 708 Tilden Rd	oddress)	d STREET ADDRESS 2708	Tilden Rd.		ON A FARM? YES NO
3. NAME OF First Barbara No.	Middle Middle	lost	4. DATE OF DEATH OCT	***8,1959	ay Yeor 19
Female White Woods	DED NEVER MARRIED DED DIVORCED	8. DATE OF BIRTH Oct. 29,18	9. AGE (In year long) Stribday	IF UNDER 1 YEAR 1 Months Days	Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of corking life even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote Balto.		U.S.A	OF WHAT COUNTRY
George Nichol		Margar	et Mueller	- 4	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes. no or unknown] [If yes, give wor or dores of service]		nformant leresa Trace	y-2708 Til	den Rd.	
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.  (c)	o Liveri,	Brown		,,,,	4 IND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH UITE EITHER, NOTIFY MEDICAL EXAMINER				GIVEN IN PART 1(o)	PERFORMED?
	RIBE HOY INJURY OCCURRE			20,0	
20c. TIME OF INJURY Month, Doy, 100 20d It Hour o.m. 19 at world	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	Oe T	(County)	(Slote)
21. I certify that I attended the decease alive an		1956, total	M, fram the causes		
PHYSICIAN'S M. B. DA	VIS MD.	Dund	MC-22/1	nd I	19/59
PROPERTY Pecify) 226, DATE THEREOF 10-12-59	Baltimore		22d LOCATION (City, 10w) Balto. Md		(Stole)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS i & Oliver	17		GISTRAR'S SIGNATU	ŘE

may be retained by the hospital or attending physicion.

D. FUNERAL I. CETOR: After this certificate has been signed by the attending physicion and completely filled in by funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF moy be reto

VS A15 (4) 15M 9/55

death. Page 4

171



pe

certificate

deoth



41

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11155

11131

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
i	COUNTY Baitimore	MARYLAND	STATE Md	COUNTY 13	Ito. City
- 1	CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end give	nearest fown)
	OR end give nearest town) TOWN Mt. Wilson /5 mc.		OR TOWN 13	7 1/2 1/20	
			TOWN Baltimore		
	HOSPITAL OR		STREET (if rural give focetion)		
	INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital		ADDRESS 307 12 12-11		
			307 M. Broadway		
	3. NAME OF (First) (Middle)		(Lest)	4. DATE (Month)	(Dey) (Year)
-	(Type or Print)		20607	OF DEATH / O	1. 24
	77077023 22	echel		19 3 /	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lost birthdey IF UNDER 1 YEAR IF UNDER 24 HI				
	(Specify) Separated		18/1890	69 yrs. Mont	hs Days Hours Min.
			11. BIRTHPLACE (State or foreig		
	10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if OR (NDUSTRY				12. CITIZEN OF WHAT
	retired Cook Resturant		Greece		U.S.A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0,0.7
	Name American de la companya del companya de la companya del companya de la compa		_		
	Pan Pachel		Veah ?		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & A			DDRESS Hospita	1 Records
	100p±0d± 1000				
	7 4 1120 41 5 66 60 1100 52 662				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	IMMEDIATE CAUSE IN AREUTYSM OF Abdomina? Aorta?				
	American Chaster				1/ ?
	GIVING RISE TO THE AROVE CALISE				
	STATING UNDERLYING CAUSE LAST, DUE TO				
	(C)				
,	TO THE REATH BUT NOT RELATED TO THE				
	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.  FAR Advanced Pulmonary Tuberculous 19 MO  PA DATE OF OPERATION 190 MAIOR EINDINGS OPERATION 190 MAIOR EINDINGS OPERATION 190 MAIOR EINDINGS OPERATION 190 MAIOR EINDINGS				
	196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?				
	YES WO I				
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
	OR CONTRIBUTING CAUSE OF DEATH   OF INJURY street, office bidg., etc.]				
	(FEITHER, NOTIFY MEDICAL EXAMINER)				
	21d. TIME OF INJURY (Month) (Dey)   Yeer) (Hour) 21e. INJURY OCCURED   21f. HOW DID INJURY OCCUR?				
	M. of work of work				
A15C 1-55 10M	22. I hereby certify that I attended the deceased from 7/8, 1958, to 10/6, 1959, that I last saw the deceased				
	ALL THORSE CERTIFY HAD I alreaded from the deceased from the decea				
	alive on				
	ADDRESS (Street, city, town, stete) DATE SIGNED				
	Wm. Newcomer, M.D. Superintendent, Mt. Wilson, Md.				
50	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	Chertino in elle	LOCATION (City, town, or co	u.
Ų	REMOVAL (SPECIFY)				unty) (State)
A15	BURIAL 10-8-59	Greek Ortho	dox Cemetery	Woodlawn 7	
Ş	4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
	2 10		- Comments		
1	DATE OCT \$ '59 Cultur of Final		William Cook, Inc., 1217 St. Paul Street		



The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M -

ζX

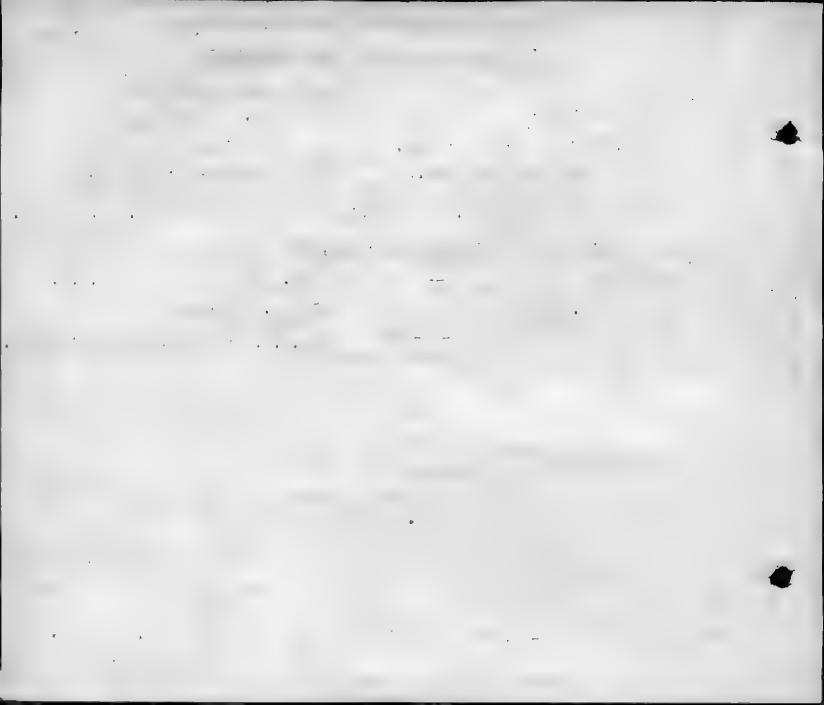
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11132

# CERTIFICATE OF DEATH

Reg. Dist. No.................

1. PLACE OF DEATH		2. USUAL RESIDE	NGE (HOME) OF DE	CEASED						
COUNTY Baltimore	MARYLAND	STATE Md.	<ul><li>COUNTY</li></ul>	¥.°						
CITY (II outsida corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)								
TOWN Catonsville Manor	9 Mos.	TOWN Ba	ltimore							
HOSPITAL OR INSTITUTION OR 5003 Rel + 4 morte	A	STREET ADDRESS	(Il rural giva							
STREET ADDRESS 3900 DAT CIMOTO	Ave.,	510								
3. NAME OF (First) (M DECEASED	ıddla}	(Lest)	4. DATE (Month	) (Day) (Year)						
(Type or Print) Ethel H.	Parr	ish		et. 30. 19 59.						
S. SEX   1 6. COLOR OR   7. SINGLE, MARRIED	, 8. DATE C	F BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR   IF UNDER 24 HRS.						
Female White Spacify Mide	wod Manah	13.1895	64 yrs.	Months Days Hours Min.						
10a, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	1). BIRTHPLACE (Steta or lore	0-2	12, CITIZEN OF WHAT						
	IDUSTRY	21.3		COUNTRY?						
Housewife		Md.	AT A SAF	U.S.A.						
Edward F. Gohr		Ella A.								
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS							
(Yes, no, or unk.) (If Yes, give wer or dates of service) 21	6-32-8834	Mrs.T.A.	Levering 59	903 Baltimore A						
	18. MEDICAL CER			INTERVAL BETWEEN						
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	000	Loca Rec	0	ONSET AND DEATH						
/ MMEDIATE CAUSE (A)	erelle 1	eo re ( ec	edin							
ANTECEDENT CAUSE(S) DUE TO	ella Faxler	Jim Cu	1's Vous	1/2000						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	15 -05	- 1 Di	7							
(C)	Wron Get	in malle	(un							
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	bravie K	raff Cinter.	- Urin	e						
194. DATE OF OPERATION 196. MAJOR FINDINGS OF	FOPERATION			20. AUTOPSY?						
				YES NO						
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)						
	Py Not while Py	211. HOW DID INJURY OCCU	IR ?							
22. I hereby certify that I attended the decease	45 -5	19.50 to 0	62 70 195°S	, that I fast saw the deceased						
2		117	- /							
alive on T.K. 19. 27, and the	nai deain occurred ar		causes and on the da RESS (Signet, city, Julyon,							
Der Thex of Parties	M.D. 4	1509 Liber	to 11 caples	@ 10-3+59						
23. BURIAL, CREMATION, / DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY ON		LOCATION City, lown,							
Burial   11-3-1959	Lorraine	Park	Woodlaw	n, Md.						
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 1 // 1: 1						
DATE NOV 3 59 State & Frank		I the reserved	Mong	~ 2074410RH						



MARYLAND STATE DEPARTMENT OF HEALTH-



A15C 1-55 10M

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

11134

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21100	stage brists (400 mm.)
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE MD COUNTY BALTIMORE CITY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give averest town) (in this place)	CITY (If autside corporale limits, write RURAL and give nearest town)
OR and give neerest town)  TOWN Mt. Wilson  (in this place)  North	TOWN BALTIMORE 3V.
HOSPITAL OR INSTITUTION OR	STREET (II rural give location)
STREET ADDRESS Mt. Wilson State Hospital	ADDRESS 3429 Park Caun Ave
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaar)
(Type or Pital) NETTIE LOUISE	PAUL BEATH ID 31 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Specify) MARRIED	19-97 62 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (Stale or loreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) HOVSEWIFE	MARYLAND COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
HENRY HUBER	KATHERINE/MOHR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Hospital Records
(Yas, no, or unk.) (If Yes, give wer or detas of service) 218-14-5550	Mt. Wilson State Hospital
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) FAR ADVAN	(ED PULMONARY TUBERCULOR 9 months
ANTECEDENT CAUSE(S) DUE TO	1
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE EAST, DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	UFFICIENCY 2 years
DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?
The same of orthogon	YES NO
OR CONTRIBUTING CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED   1	ZIF, HOW DID INJURY OCCUR?
M. at work at work	III. HOW DID INJOK! OCCOR!
22. I hereby certify that I attended the deceased from	19 5 9 to 10 - 3 1 19 5 7 that I last saw the deceased
alive on 19 31, 19 59, and that death occurred at.	
SIGNATURE	ADDRESS (Streat, city, town, stata) DATE SIGNED
Wm. Newcomer, M.D. Su	perintendent, Mt. Wilson, Md.
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (State)
BURGIAL 11/3/59 6-1/2DENO	OF FAITH THETINORE MO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV 5 159 Colling Anthony	Ulhuh Junal Home 4210 Belain

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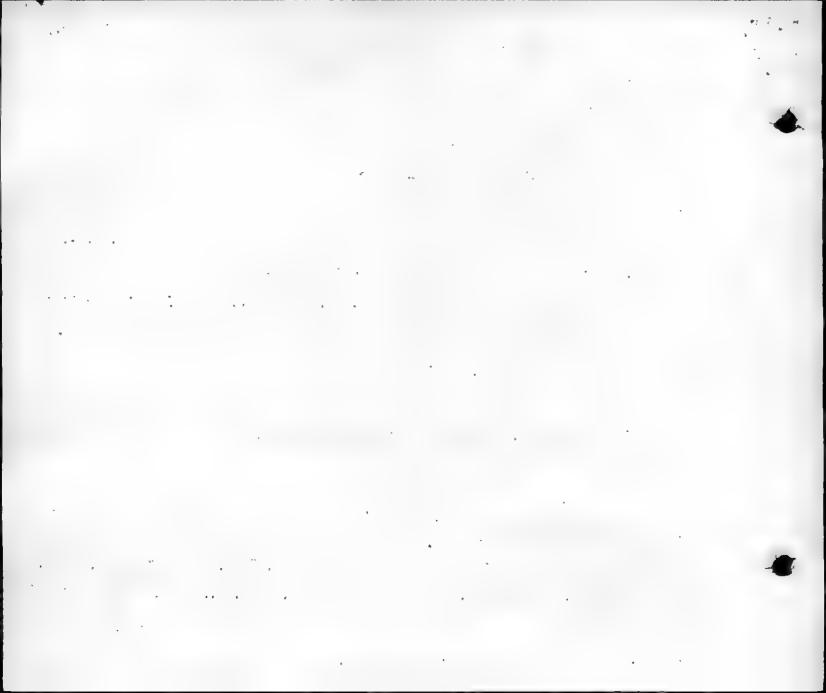
TO HOSPITAL OF SITENDING PHYSICIAN: The lam requires that the death certificate be executed		TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and comple	page 3 should be detached for use as the burial-transit permit. The pleam remove calibon papers	÷	
0		and	d uod	ded	_
e p		Glan	E	offe	ľ
rtifico		physu	Move	hours	L
th ce		Jing	Ē.	n 72	_
deal		thenc	plea	withi	
it the		th = c	The	the registror priar to buriol, cremation, ar removal, and in any event within 74 ha <u>urs o</u> ffely death.	
as the		d by	mj.	any e	
quire	ئے	signe	t per	9.	
2 III C	sicial	Seen	ransi	ıl, an	
Thm J	may be retain.	has	-loiri	movc	
ÄÄ	ndin	icole	he b	ar re	
rsici	rotte	certif	000	tion,	
PH C	talo	this	or us	remo	
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200		MEC	be	riar t	
AL C	etain	AL D	plnou	ror p	
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VS A1S (4) 1SM 9/SB

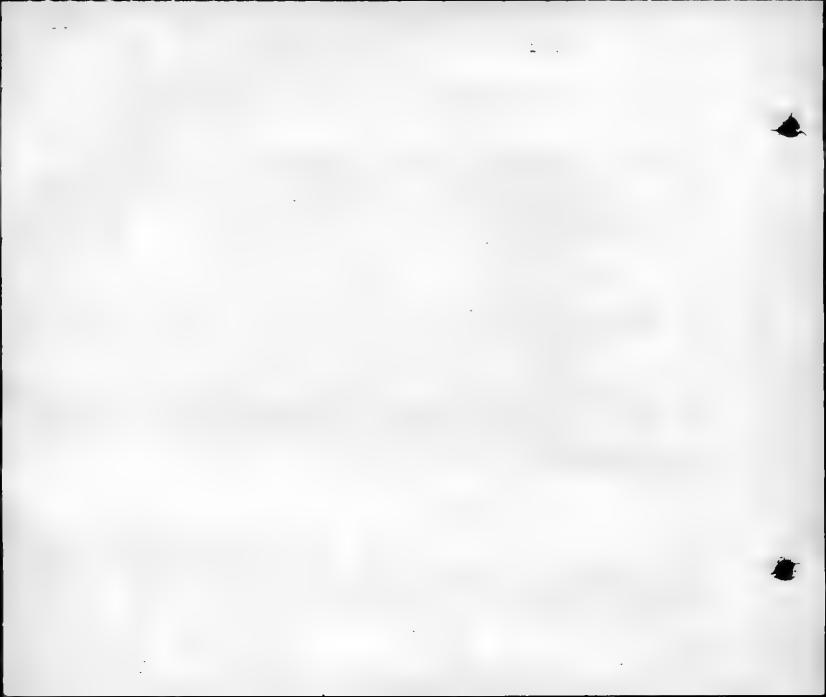
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

			)	CEKIII	ICA	IL OI	DEATH			Reg. Dist	No.	
	PLACE OF DEATH a. COUNTY Baltime	ore		MARYL	AND	o. STATE	esidence (Whe	ere deceased l	ived, If institution by COUNTY	on: Residence	before	odmission)
	b. CITY OR TOWN (IF RURAL and give nec		ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne					re neare	st town)
	Fort Ho	oward		7 Days			ltimore		(7)	370	- 1	+
	or institution Veteral	ns Administ	rati	<sup>oddress)</sup> on lHospital			t address 23 Wayne	e Aveni	18			IS RESIDENCE ON A FARM? YES NO 🔀
3.	NAME OF	Fir		Middle			Losi	4. DATE	Mon	th	Day	Year
	(Type or print)	REY	IOI D	JOHN		PENN	OF				27	1959
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B	. DATE OF B	IRTH	9	AGE (In years last birthday)	IF UNDER 1		UNDER 24 HRS.
	Male	White	WIDOW	DIVORCED		Janua:	ry 23,1	899	60 yrs.	Months [	ays I	Hours Min
100	. USUAL OCCUPATION	N (Give kind of work o	ane 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTI	HPLACE (State of	or foreign cou	ntry)	12. CITIZI	N OF W	HAT COUNTRY?
	Driver	ng ilie, even it letired	T	ransit Comp	any	Ba	ltimore	, Mary	Land	U.	S.	A.
13.	FATHER'S NAME	-					R'S MAIDEN N				_	
	John F. Pe	enn				Hele	n Gerkl	es				
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	1	DORWINE			Addi			
	Yes	WW I	2	13-10-2763	Cli	in.Rec	.,VAH,B	alto.l	8,Md. Fo	rt Ho	vard	Divisio
	IB. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), and (c)-]				-			INTERV	AND DEATH
	PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (a	PUL	MONARY EDEM	A.							CENT
	203X	DUE TO										
	Conditions, if on		MUL	TIPLE MYELO	MA						2	YEARS
	gave rise to immediate couse (a), stating the under-											
	lying couse lost. (c)											
ō Z	PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?											WAS AUTOPSY PERFORMED?
CAT	HEALED P	PPTIC ULCE	R. A	RTERIOSCLER	OSIS	GEN	ERALIZE	D.				ES 🕅 NO 🗌
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter notur	e of injury in P	art I or Porl I	of item 18.}			
3	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. It	NJURY OCCURRED 2	Oc. PLA	CE OF INJUR	Y (Hame, farm,	20f. (City a	r town)	(Co	unty)	(Stole)
AEDI	Hour o.m.	19	While pl wor	Not while	fact	ory, street, o	ffice bldg., etc.)	) [				
~	21 1 45 - 46 -	VA		ed framOctobe	n 2	10 10 F	(0 1- Oct	bkhan 2	7 ,, 50	XXXXXXX	XXX	XXXXXXX
	11											
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX LAA		XXXX, and that a	eoin	accurrea			ie causes an: et, city ar tawn,		aare s	DATE SIGNED
	ACTUAL SIGNATURE	hur 60- C	ron	Thord	N	o VA I			FORT HO	·	IV.	10/28/59
	PHYSICIAN'S NAME (Type)	HN W. CRAW	FORD	M.D.		VAH, H	BALTO.1	8,MD.FI	.HOWARD	,DIVIS	SION	10/28/59
22	PEMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	1	22d. LOCATIO	ON (City, town, o	or county)		(Stale)
1	Burial	11-3-59		Baltimor	e Na	tiona]	L	Balti	more, M	arylar	ıd	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRA	_	STRAR'S SIGN	_	
1	Kachauskas	Funeral Ho	me.6	37 Washingt			DATE	10V 2 '	59 0	Irilan S	" the	A.B.
		100 1001		Baltimo	re,	Md.						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





FOR STATE HEALTH DEPT.

Poge files. Hegith. ď Boord TEMENTY POTAL EXTAINER: This certificate should be the within 24 hours after death. If any delay is n execute the cate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be proded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL ALTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State 8 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11138 1116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_			Reg. Dist. No.
	PLACE OF DEATH	12	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	6. COUNTY Baltimore	MARYLAND	o STATE Md. b. COUNTY Baltimore
	b. CITY OR TOWN  If outside corporate himls, write RUPAL c. LENGTH OF and give nearest lown)	STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	Rural Pikesville 6 m	0	X Pikesville 8. Md.
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street		d STREET ADDRESS  e. 15 RE IDENCE ON A FARM?
	Robbs Nursing Home		113 Sherwood Ave.   YES   NO   X
3,	NAME OF First Mid	die	Lost 4. DATE Month Day Year
	(Type or print) Frances Wal	ker	Powell Death October 19 19 59
5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER M.		DATE OF BIRTH 9. AGE the your TEUNDER LYEAR IF UNDER 24 HES
	Female White WIDOWED KX DIVO	RCED 🔲	July 8, 1878 81 yrs. Months Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINES during most of working life, even if refired)	S OR INDUST	
	Housewife Own home		Clinton, Mass. U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Cutler B. Walker		Carey Proctor
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT	NO. 17. H	Address Pikes ville 8, Md.
[74	no, er enknown) [If yes, give wor or dotes of service] none	Mr	. Norman S. Powell, 113 Sherwood Ave.
F	18. CAUSE OF DEATH [Enter only one coute per l'ne for (o), (b), and (	0]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generaliz	ed Ar	teriosclerosis 5 yrs. est
	450 A DUE TO	0 -1 313	7, 320, 000
	Conditions, if any, which)		
ı	gave rise to immediate couse		
H	(c), stoting the underlying DUE TO		
7	And the same of th	DEATH BLT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATIO	Fracture femur, rig		PERFORMED?
			nter noture of injury in Port I or Port II of Item 18 )
CERTIF	PRIMARY GO CONTRIBUTING TO UNKNOWN—DAT	ient	too senile to describe injury.
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRI	D 20e. PLAT	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL			b NursingHome, Pikesville, Bolto., Md.
2			
			ve, held on Autopsy , Inspection . Inquiry . ond in my
	opinion death resulted from: Natural couses [X],	Accident [	. Suicide ., Homicide Undetermined manner
L	ACTUAL D. D. Eagles		DATE SIONED
П	SIGNATURE DIA		_M D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINET'S D. D. Caples, M. D.		DEPUTY MEDICAL EXAMINER (X
22.	MAME (Type) D. D. DAPLES, M. D.  BURIAL, CREMAT ON, 22b. DATE THEREOF 22c NAME OF C	EMETERY OF	DELOIS WEDICAL EXAMINER IN
-	- SEALCY/AL PEnac (.)		
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	THIN	Crematory Baltimore, Maryland
	Frank H. Newell. Pikesville	8. Ma	OCI 26 59 Curling & Hand
		-	• DATE



VS A1S (4) 1SM 9/58

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMOR	RE, 1	8

**CERTIFICATE OF DEATH** 

M

Reg. Dist. No.

		11163 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
Ī	1. F	COUNTY (1) CELLINAL MARYLAND	2 USUAL RESIDENCE (Where decreased	lived If institution: Residence before admission) b. COUNTY
	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give incirest town)	c. City of Town (If outside corpor	rate limits, write RURAL and give nearest tawn)
	-	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A CLASSIFICATION	3800 Mehl	aufe are on a FARM?  YES NO
	(	AME OF ECEASED (Spee or print) Caron Alex	Radel 4. DATE OF DEATH	October 31 1259
	5. S	Tale White WIDOWED DIVORCED	Jan 26, 1901	9. AGE (In years lost synthesy) Months Days Hours Min.
L		USJAL OCCUPATION (Give kind of work done done lob KIND OF BUSINESS OR INDIducing most of working life, even if retired)	e argentin	ountry) 12. CITIZEN OF WHAT COUNTRY?  WSA
		Movis Radel	Esther?	
	(Yes	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO no, or unknown) (If yes, give wor or dates of service)	ulia Radel -	3800 Mahawk a
I		IB. CAUSE OF DEATH [Enter anly ane couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	4/2	INTERVAL BETWEEN ONSET AND DEATH
l		IMMEDIATE CAUSE (o) Carcar	my one por	of othe 14 more
l		Conditions if one which )	•	
		gove rise to immediate couse (a), stating the under- lying couse lost.		
	CERTIF, CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING   CAUSE OF DEATH	ED. (Enter noture of injury in Part I or Part	II of item 18 )
	MEDICAL	Hour a. m. While Not while p. m. 19 at work at work	*LACE OF INJURY (Hame farm, 20f. (City actory, street, affice bldg, etc.)	
1		21. I certify that I attended the deceased fram Quig	1989, to 027. 2	.5 1917, that I last saw the deceased
1		alive an of 25 , and that deat		the causes and on the date stated above
		ACTUAL Scowbhitehrese	M.D. 293371.0	DATE SIGNED  ANGEL TO 10/31/3
/		PHYSICIAN'S NAME (Type)		,
-	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERS, REMOVAL (Specify) Cdar 10	uk Wes	ION (City town, or county) lev Jersey
	230	WE LIMBON & BUT - 1124-36 W	240, REC'D BY REGIST	RAR 246. REGISTRAR'S SIGNATURE



Howard Hubbard Funeral Home 1107 Wilksns Ave

Ball bancore, Mo.

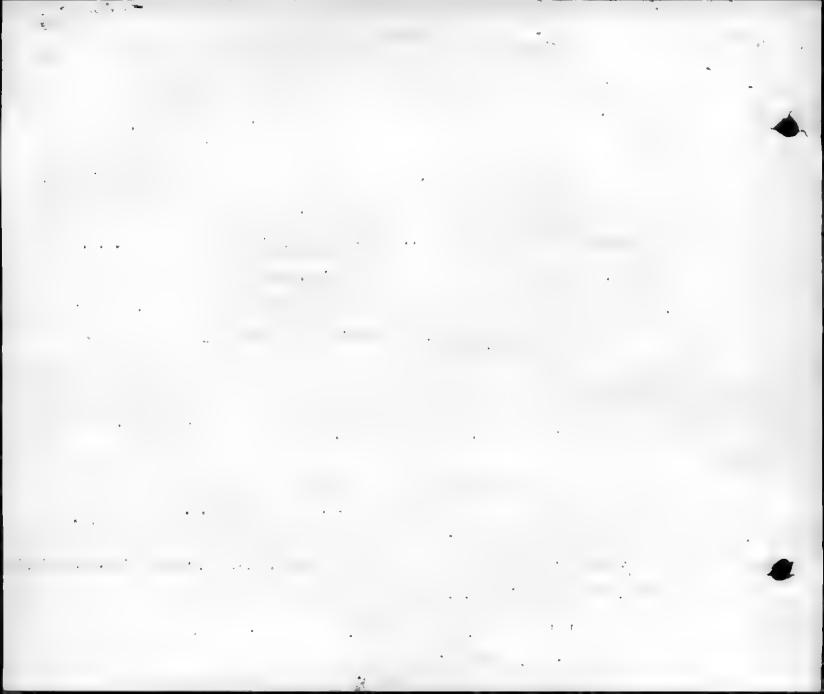
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d STREET ADDRESS Oaklee Village. Apt. 33 IS RESIDENCE ON A FARM? 1001 ARION PARK ROAD YES NOY 4. DATE Month Day Year DEATH OCTOBER 19 59 9. AGE (In years IF UNDER I YEAR! IF UNDER 24 HRS last birthdoy) Months Days Hours MARCH 10. 1880 yrs. 12 CITIZEN OF WHAT COUNTRY? NORFOLK. VIRGINIA 14. MOTHER'S MAIDEN NAME TDA E. COOK Address VAH BALTO -MDHOWARD DIVISION INTERVAL BETWEEN ONSET AND DEATH DAY WAS AUTOPSY PERFORMED? 20f. (City or town) (Stote) (County) - 10 October 29 ... 19 59 km obtiscos compositiones popper and that death occurred a 140 pm, from the causes and an the date stated abave ADDRESS (Street, city or town, state) VAH. BALTO. 18, MD, FT, HOWARD DIVISION 22d. LOCATION (City, fown, or county) (State)

24b. REGISTRAR'S SIGNATURE

Orthun & Hearth

DATE NOV 2

VS A15 (4) 1SM 9/SB



ă	4 5		5	-
AL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is differsory, ple	roge		ages and 2 with the registrar prior to burial, an	
K	B	-	r to	
.55	Je.	es.	Prio	
delo	cute the cer white, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction	be retained for your files.	strar	
Ony	fune	C ya	regi	
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d.	0 0	oine	^irh	
r de	Pu Pu	ret	32,	
offe	50	r's Office along with form PM3. Page 5 may be	OPP	
200		05/	8	
4 %	oge	Ţ	3 should be used as a burial-transit permit. Five page	,
2 5	å P	Pa	75	
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-			TO FUNERAL	
VS	. A	15/	)BN	5

		MARY	AND S	TATE DEP	ARTME	NT OF HEALT	H—BA	LTIMORE,	18	111	141
		11164	EDICA	L EXAM	INER'S	CERTIFICA'	TE OF	DEATH	Sam Dist	-	L A E,
	N 107 AT 071711	22711				T			Reg. Dist.		
'	LACE OF DEATH E	altimore		,	MARYLAND	2. USUAL RESIDENCE (V	vland	L COUNT		Defore odn	mucon)
	o. CITY OR TOWN JIF	outside corporate limits, wri	e BURAL	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (II	<u>v</u>		RURAL and giv	e negrest to	own)
		more 12				× Baltimo	ore 1	2			
		AL OR INSTITUTION	_			d. STREET ADDRESS					RESIDENCE
		enue West	of Ch	arles S	t.,	Bellona Av	re, W	est of 6	narles	YES [	_ NO _
3.	NAME OF DECEASED	Fit		Midd		Lest	4. DATE	Mont		,	Yeor
	(Type or print)		garet	C.		Reynolds	DEATH	000			1959
5. 5 F	EMALE	6. COLOR OR RACE	WIDOWED	D NEVER MA				9 AGE (In years lest birthday)	Months Days		
100	USUAL OCCUPATION	WHITE		1908		May 4, 1881	or foreign	70 yrs.	12. CITIZEN	OF WHAT	COUNTRY
6	uring most of workin Housekee	ON (Give kind of work g life, even if retired) Oer	P	rivate h	ome	Harford	_	Md		S.A.	COUNTR
13.	FATHER'S NAME	mas Gordo				14. MOTHER'S MAIDEN I		adley	-		
		ER IN U. S. ARMED FO		SOCIAL SECURITY	NO. 17. IN	FORMANT		Address	<del></del>		
[76	, no, ar unknown)	(If yes, give war or dates of	service)	)	Cl	oretta Carn	aggio	,2858 W.	North A	A,enu	e
		TH [Enter only one ca	use per line t	iar (a), (b), and (g	).]	1/		. /	18	ITERVA, BETW	VEEN EATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	6	refu	ul	Vascul	and a	Hernes	hon	1.11	OS Y
	442X	DUE TO	1/	1 -		O	1				_
	Canditions, if as		A Top	Dile	ma.	in Car	de	Jen	a C		
	(a), stating the s		1	1/0	2-2	enlac	De	aldia		0.2	12 =
S S	PART II, OTH	ER SIGNIFICANT CON	DIJIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART 1(0		AUTOPSY ORMED?
3										YES 🔲	NO 📑
CERTIFICATION	20a. EXTERNAL CAL PRIMARY   ar CON CAUSE OF DEATH.	ISE WAS STRIBUTING   20	b. DESCRIBE	HOW INJURY O	CCURRED. (E	nter nature of Injury in Par	t I or Port i	I of item 18.)			
MEDICEL	20c, TIME OF INJUI Heur a.m. p. m.	Y Month, Day, Ye	20d. II While of wer		facto	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (Ci	ty or town)	(County)		(State)
		at I took charge				re, held an Autops	v 🗖.	Inspection [4]	Inquiry [	7 000	find the
		from: Natural	_	-	party.	ide [], Homicide		Indetermined of			TING PIC
	. //			_		0					4101400
	SIGNATURE	unche	2/6	th our	ul 1	M.D. CHIEF MEDICAL E	KAMINER [	]	12	DATE	SIGNED
	EXAMINER'S NAME (Type)	harle	SF	0'Da.	NNE	ASSISTANT MEDICAL		1,000	10	29/	59
B	BURIAL CREMATIO	N, 226. DATE THEREC	_	New Ca		CREMATORY al Cemetery		ation (City, town,		ıd (Sto	fe)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'	D BY REGIS		STRAR'S SIGNAT		
W	illiam Co	ok. Inc.	1217	St. Paul	1 Stre	et DATE NO	V 2 '5	59 CL2	hun S. The	AL/AL	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH COUNTY .. STATE Maryland **b. COUNTY** Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give neerest town) Abington 5 may be retained for y 1 2 with the State Board tours after death. d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d. STREET ADDRESS just below Pfeiffer Road Box 108 3. NAME OF 4. DATE Month er death. If any and 3 to the fi DECEASED OF [Type or print] DEATH 10 FRANK RICCI 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH lest birthdevi Male White hould be mecuted within 24 hours after call in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 m is burial-transit permit. File pages 1 and 2, movel, and in any event within 72 hour WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, aven if retired) Selfemployed Italv Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anunziata Iacauacci Angelo Ricci
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yas. no. or unkown) ((fyesgiva war or datas of service) Office along with burial-transit permi Flora C.Ricci same as 18. CAUSE OF DEATH linter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) left ventricular myocardium DUE TO Conditions, if any, which "pending" gave rise to immadiata cause STORE EXAMINATION OF WORD SPENDING The certificate, writing the word "pending the certificate, writing the word "pending the certificate as a second DUE TO (e), stating the underlying cremation, CERTIFICATION ease executs the cartificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should by 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part 1 or Part 1 of Item 18 ) PRIMARY | or CONTRIBUTING | age 3 short to buriel, CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or fown) Month, Day, Year factory, street, office bldg., atc.) Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER K designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Streat, city, Iown, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) £40 g 0 Burial Jesus Baltimore Co. Maryland 23. FUNERAL DIRECTOR VS. A15ME arthur Anthrone Walter Brooks Bradley, Inc., Dundalk 22, Md DATE OCT 13'59 5M 7/59

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Year AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Coronary arteriosclerosis with old scarring of PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . PERFORMED? NO (County) (Steta)

and in my opinion

DATE SIGNED



			911	07		CERT	1110		. 01 0	LMII	•			Reg.	Dist. No		
1. PLACE a. CO	OF DEAT	_	ltimore			MAR	YLAND	2. 1	USUAL RESID	ence (wheel)	_		If institute COUNTY	on: Resid	ence befo	re odmis	ision)
	Y OR TOV		iutside carporote l est town)	imits, writ	e c. ti	NGTH OF STAT	IN 16		c. CITY OR T	OWN (If a	outside corpo	prote lin	nits, write R	URAL on	d give ne	arest tow	n)
	Tow							1	Baltin	nore			3\	131	n glas		
d. NA	ME OF H	OSPITAL	(If nat in hospita	l, give str	eet addre	13)			d. STREET AI	DORESS						e. IS RE	SIDENCE A FARM?
		Ar	macost ]	Vurs	ing ]	Home			5608	Gree	nhill	Ave	e				NO [X]
3. NAME	E OF ASED			First		Middle	<b>3</b>		lost		4. DATE OF		Man	th	De	ру	Yeor
	or print)	BE	SSIE	1	MAY	R	.ICH	LAR	DSON		DEATH	1	Octo	ber		26	1959
5. SEX		- [	S. COLOR OR RAC	E 7. M	ARRIED	NEVER MARR	ED 🗌	B DA	ATE OF BIRTH			9 AG	E (In years birthday)	IF UND			ER 24 HRS.
Fer	male		White	WIDO	WED X	DIVORCI	ED 🔲	De	ec. 29	, 187	78	8	O yrs	Month	Doys	Hours	Min,
10a. USU dvríi	AL OCCU	PATION Warkin	(Give kind of wa	k dane 1	0b. KIND	OF BUSINESS	OR INDU	JSTRY	11. BIRTHPLA	CE (State	ar fareign a	country)		12. (	ITIZEN (	OF WHA	T COUNTR
	At ho								N	laryl	and				USA	1.	
13. FATHI	ER'S NAM	E					150	14	. MOTHER'S	MAIDEN N	IAME						
			Unknov	m					Eli	zabe	th Sci	hwa	rtz				
15. WAS (Yes, no. or	DECEASE(		N U. S. ARMED F		16. SOCI	AL SECURITY NO	D. 17.	INFOR	MANT				Add	ress			
	No				No	one )	M	[rs]	. Thel	ma I	Pool						
18.	CAUSE OF	F DEATH	[Enter anly and	couse pe	r line for	(a), (b), and (c)	.]						<del></del>		INT	ERVAL B	ETWEEN
	PART I	. DEATH	WAS CAUSED BY	f:		1-7.10	11	2	y 20 m	1 / ~	d				ON	SET AND	DEATH
2	60 ×		DUE			4											1
	nditians,			(b)	1	. C. A	· 6	1.6	(	275-1	Cite 2	CE.	*		4/	7-6	
	ve rise ise (a), sta				6	1										1	
	ng couse		)	(c)	(	216	5 TC	10	ic.	(15	Alexa	15.70	· line	+ Car	7/	0	2/4.
S	PART II	OTHE	SIGNIFICANT C	ONDITION	S CONTE	BUTING TO DE	ATH BUT	TNO	RELATED TO	THE TERMI	NAL DISEAS	E CON	DITION GIV	EN IN P	ART 1(0)		AUTOPSY ORMED?
3																YES [	
l∝ lor (	CONTRIBU	TING F	UNDERLYING DEAT	H	DESCRIBE	HOW INJURY O	CCURRE	D. (En	iter nature af	injury in f	Part I ar Pai	rt II of i	tem 1B.)				-
			EDICAL EXAMINE														
WEDICAL 20c.	TIME OF I Haur a			W		OCCURRED Not while	20e. Pl	LACE C	OF INJURY (F	lome, farm bldg., etc.	, 20f. (Cit	y or law	(n)		(County)		(Stote)
] ¥		. m.	1			of work		/			1 .						
21.	I cortif	y that	I attended t	ne dece	ased fr	om	10	110	2, 19.5%	, to	10/	26	19.52	that	f fast s	aw the	decease
aliv	/e an	170	771	, 19	19	, and that			orred at_	no 64							
			/-	, ,	- , -			/	,		ADDRESS (S					<i>/</i>	ATE SIGNI
ACTI SIGN	UAL IATURE_	11	-12.K-1	Line	16	1. 1821	or Ol	M.D.	-2	101	Efin	K	Z.	/	/	1/2	5/5/
PHY:	SICIAN'S AE (Type)	Ć	1/21	1=5	7,	01/	17/1	111		10	nil	- 7 L	2 2 74	11	7/	,	7 7
	IAL, CREW		226. DATE THE	EOF	22c.	NAME OF CEM	ETERY C	OR CRE	MATORY		22d. LOCA	TION (	City, town, o	or county	)	(Sto	te]
Bu	rial sp	er.1131	10/29/	1959		Woodla	wn (	Cer	neterv	7	Wo	odl	awn	1	Mary	land	1
23 TUNE	RAL DIREC	TOP'S	GNATURE	415	Ke	ADDRESS					D BY REGIS	TRAR	24b. REGIS	STRAR'S	SIGNATU	RE	
Ellsy	worth	Ar	macost	460	O Lil	erty H	eigh	ts	Ave.	DATE ST	T 3 0 !	59	C	1 4	S. Fra	uA	

by the haspital or attending physician.

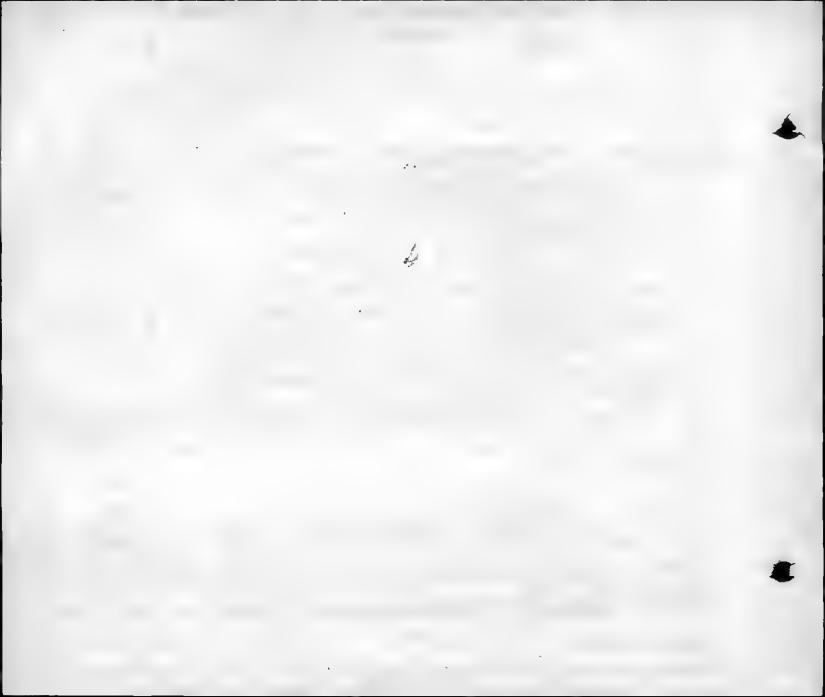
IOR: After this certificate has been signed by the attending physician and campletely filled in by refunded at the principle of the principle of the propers. Pages I and 2 should detached for use as the burial-transit permit. Then please remove, carbon papers. Pages I and 2 should be accorded for use as the burial-transit on any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the haspital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please re the registrar prior to burial, cremation, ar remaval, and in any event within 72/ TO HOSPITAL OR VS A15 (4) 15M 9/55

funeral director, uld be filed with

090

r death. Page 4



11144

-/	11168 CERTIFICAT	E OF DEATH	Reg. Dist. No.
1	1. PLACE OF DEATH BALTIMORE MARYLAND 2	USUAL RESIDENCE (Where deceased lived III o STATE  b. (	COUNTY BALL thore
	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)  URA - KOSEDAR 37-EURS	c. CITY OR TOWN (If autside corporale limits  ( RURAL - RUSE)	
×	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION   212   H.   DATE ACE	d STREET ADDRESS   1212   K	LU ~ , IS RESIDENCE ON A FARM? YES NO D
	3 NAME OF DECEASED (Type or print) SALVATORE (SAMUEL) Middle RI	ZZO 4. DATE OF DEATH	Month Boy Year 8 1959
	M WIDOWED DIVORCED 3	DATE OF BIRTH 1918 4 Joy bit	yrs.
g I	Maintenence mechanic Therman Conp.	Bridgeton, M.J.	12. CITIZEN OF WHAT COUNTRY?
offe affe	SANTO RIZZO	Maria SAYA	
22 22 24 25 25 26 26 27 26 27 26 27 26 27 26 27 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFO  [19 in no of unhamm] [19 year, give wor or dota of service) 142-09-6587 Ma	- ()	Hillpale Ave6
ent with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Out to Due to	Carcinomo	tosis Interval Between ONSET AND DEATH
של בם בו הם בו	Canditions, if any, which gave rise to immediate couse (a), stating the underly lying cause last.  (b) Adenocarria	10m = 09 stomach	Approx 1 ys
o උ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED? YES NO NO
ē ē	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item	18)
rematio	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40th PLACE factors of work of work of work	OF INJURY (Home, form, 20f. (City or town) y, street, office bldg., etc.)	(County) (State)
berial, e	21. I certify that I attended the deceased from/MAR_alive on	ccurred at 4 PM, from the co	19 <u>57</u> ,that I last saw the deceased suses and on the date stated above.
prior to	ACTUAL SIGNATURE Le den J. Spans M.D	ADDRESS (Street, city of BeLair Ro	or town, stole)  Oct 8, 197
postron /	PHYSICIAN'S THEODOTEE, EVANS.  220 BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CL	BALTO G. Md	
e	BURIGISPECIFY Oct - 12, 1959 BAITIMORE N	REMATORY Lational Com Baltimo	er, md.
8	Thilip E. Cuach 1211 Chesaco Aure-	246 REC'D BY REGISTRAR 24	Cithur Attana

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs with death. Page 4 may be retouched the hospital or attending physician.

TO FUNERAL UNCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with VS A15 [4] 15M 9/SS

ir deoth! Page 4



## FOR STATE HEALTH DEPT.

HEALTH DEPT.

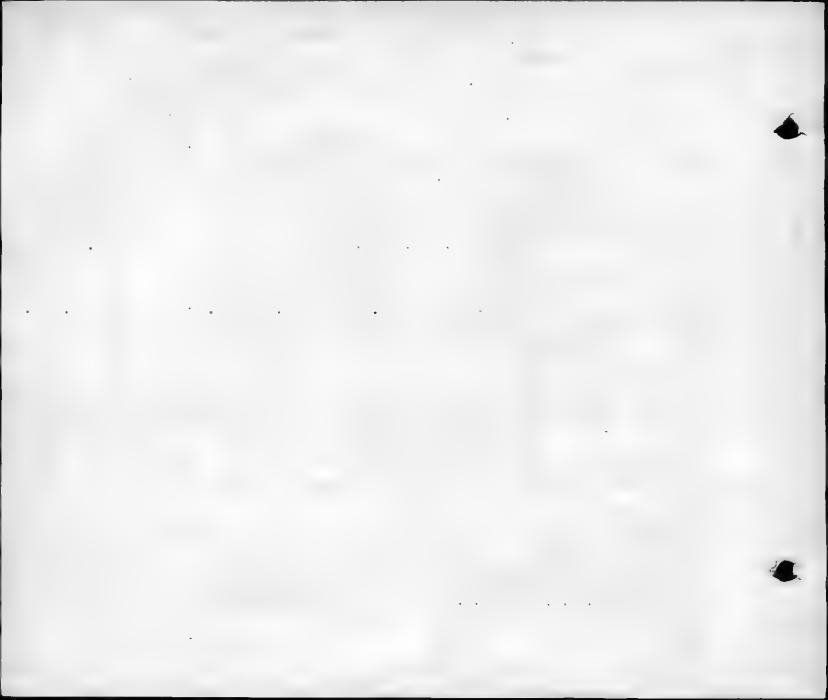
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is referring please execute the contact, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral for Page 4 should be 1, and death. And the funeral form PM3. Page 5 may be retained to your files.

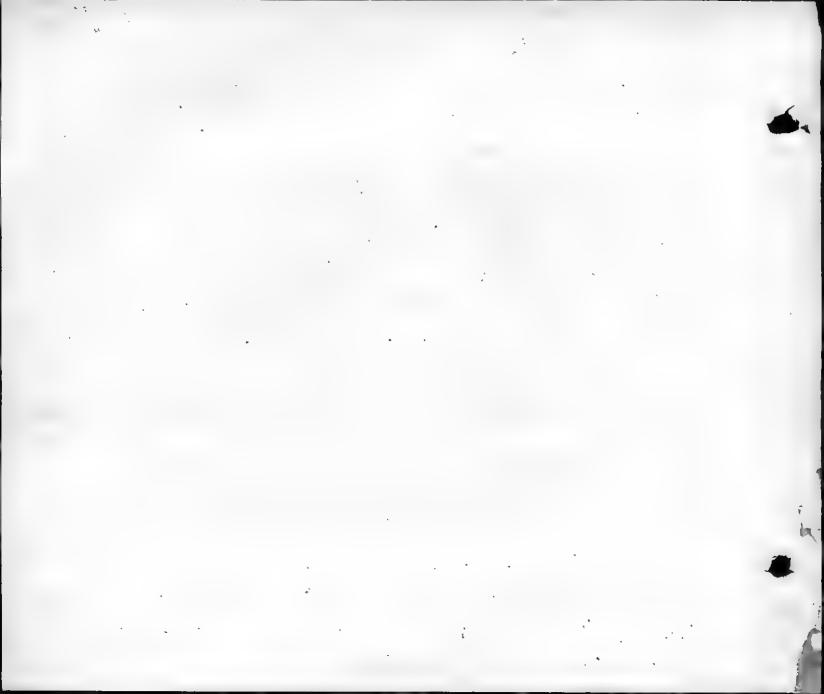
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to berial, cremotion, or its many event within 72, thous offer death.

VS. A15ME 5M 2/57 -

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		714-00	<u> </u>					Krg. Dhi.		_
	1, PLACE OF DEATH 6. COUNTY 5000000000000000000000000000000000000	ja <del>lt Hole</del> sommendent	County	/	11	DENCE (Where dec	eased lived If insti b. COUN	Sparinos	inore Court	i X
1		pulside corporate limits, write		c. LENGTH OF STAY IN 1	c CITY OR 1	IOWN [If outside c	arparate fimile, writ			-
		Point 19,	iid.		¥ Spari	rows Poin	t 19, 1/d.			
				ol, give street address)	d STREET AC	DDRESS			. S RESIDEN. F	n <sub>2</sub>
	Betaleher	n Steel Hos	Spical		Sparrou	s Point	19, Md.		YES NO	
	3. NAME OF DECEASED (Type or print)	Clareac		Middle F. Ro	bertson	4. DATE OF DEAT	Mon Octob		Doy Year 19 59	aller .
	5. SEX	6. COLOR OR RACE	7. MARRIED	LICHEVER MARRIED	B DATE OF BIRTH		9. AGE (In years	framework of the properties of	EAR IF UNDER 24 HRS	
١.	Male	White	WIDOWED [	DIVORCED [	7-19-	95	64 yes	Months Do	ys Hours Min.	
/	100. USUAL OCCUPATION during most of working Filmenian 13. FATHER'S NAME	N (Give kind of work of life, even if retired)		id of Business or indual		st_Virgi	• •		SA .	7
	Willi	am Robert	son		Al:	ice Mide	dleton			
	15. WAS DECEASED EVE		RCES? 16. SC	ocial security no 17 10-4762 Wm	INFORMANT	son,500	No.Boul		alto.,Md.	,
	Conditions, if or gove rise to immed (0), stating the ucause tost.	nderlying DUE TO		TRIBUTING TO DEATH BU		HE TERMINAL DISE	ASE CONDITION G	IVEN IN PART 1	mile WAS ALTOPSY	
J	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.			HOW INJURY OCCURRED					PERFORMED?	_
	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While	Not white	LACE OF INJURY (He schary, street, office b E	ome, form. 20f. (Coldg., etc.)	ity or town)	(County	r) (State)	
	21. I certify th	at I taak charge	of the re-	mains described al	oove, held an i	Autopsy 🔲,	Inspection 🔯	, Inquiry	习, and in my	
	h	2 0		uses 🔀, Accident		, Hamicia	t-d	ermined ma	No-14409	
	SIGNATURE	11121	arr	i ms	M D, CHIEF ME	DICAL EXAMINER			DATE SIGNED	
	EXAMINER'S NAME (Type)	or. M.B. D	avis, i	.D.		IT MEDICAL EXAMINE	10.0	-5)		
	22a. BURIAL, CREMATIO REMOVAL (Specify)			20. NAME OF CEMETERY		1	ATION (City, town,		(State)	
	Burial	110/5/59		BelAir Men			elAir, Ma			
	23. PUNERAL DIRECTION	Brooks !	Grade	ey one Dune		DATE OCT 6		istrar's signal		





1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11147
(	,		CERTIFICATE OF DEATH Reg. Dist. No. 32
Foge A lirector	(M)		PLACE OF DEATH COUNTY Baltimore County  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY BARYLAND  COUNTY COU
erol o			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town)
5 B			Mt. Wilson, Maryland  MOUNT AIRY  d. NAME OF HOSPITAL (If not an hospital, give street oddress)  d. STREET ADDRESS  e. 15 RESIDENCE
2 2 2	. ~		OR INSTITUTION ON A FARM?
d are	~	3	Mt. Wilson State Hospital   KOW/E 5   YES NO    NAME OF First Middle Last 4. DATE Month Day Year
24 led			DECEASED (Type or print) JACOB SULLIVAN ROGERS DEATH 10 5 1950
l within letely fi s. Pogo		S.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  11ALE  WHITE  WIDOWED  DIVORCED  DIVORCED  DIVORCED  A. 4 - 4 - 55
d camp	,-	10	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  LAGRICULTURE TENNY  U.S. A.
ate be e ician an e carbai s after e	1	13	JERRY ROGERS RUTH STANTON
rhific physi move hour			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
h ce ling se re n 72		L	NO NONE Hospital Records, Mt. Wilson State Hospita
the attender Then plea			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FAR ADVANCED PULMONARY TUBERCUOSIS GMONTHS,  OO 2 × DUE TO
s the			Conditions, if any, which (b)
gner per			gove rise to immediate couse (a), stating the <u>under</u>
cion cion en si snsit		z	PAST H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY
e foy shysi is be of-tro	0	ATIO	PERFORMED? YES NO [A]
AN: The ending p ficate ho ficate ho fibe buri		CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or oth his certifuse os emotion,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work
NDING • hospite • After t ched for urial, cr			21. I certify that I attended the deceased from 7 - 22., 1959, to 10 - 5-, 1959, that I last saw the deceased alive on 10 - 4-, 1959, and that death occurred at 720 AM, from the causes and on the date stated above.
A Seto be			ADDRESS (Street, city or town, state)  DATE SIGNED
قِ مُ			SIGNATURE M.D. Mt, Wilson, Maryland
retoin RAL D should	1		PHYSICIAN'S William Newcomer, M.D. Superintendent
HOSE say be FUNE age 3		22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote)
O O O		23	BUTISI 10/8/59 Montgomery Meth Clagettsville Md.  FUNDERAD DIRECTOR & SCHATURE / ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4)		1	Olin L. Wolsworth Damascus, Md. DAMANT 759 Onther & thouse
15M 10/57		=	

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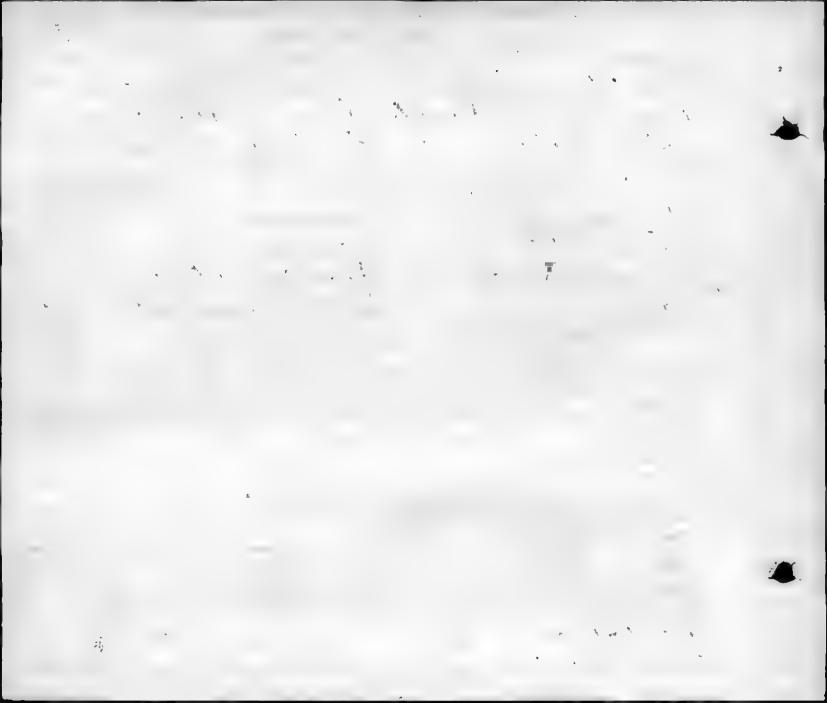
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physician



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/S8

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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**CERTIFICATE OF DEATH** 

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11150

	1111	74	CERTIFICA	ATE OF DEATH	Н		Reg. Dis		TT.	O ()
n. PLACE OF DEATH	Rosewood Sta	ate T	raining School	2. USUAL RESIDENCE (WI	here deceased nd	d lived If instituted b. COUNTY	Balt			sion)
RURAL and a vi	√ (If outside corporate time)		3 LENGTH OF STAY IN 16	Baldwin.			URAL and g	give neo	rest fowr	n)
	SPITAL (If not in haspital,	give street	Schorf	d. STREET ADDRESS Sweet Air					ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Mar	rst F	Middle Gerard	Russo	4. DATE OF DEATH	Mon 1		Day 3		Yeor 19 59
5 SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED A	8. DATE OF BIRTH 4/18/56		9, AGE (In years last birthday)  yrs.	Months	Doys Doys	Hours	ER 24 HRS Min
10a. USUAL OCCUP/ during most of v	ATION (Give kind of work working life, even if retired	done 10b. d)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Store Marylan	or foreign co	ountry)		U.S.		COUNTRY
	Biagio Russ			14. MOTHER'S MAIDEN I			-			
1S. WAS DECEASED ( Yes, no, or unknown)	(If yes, give war or dates of			informant osewood Recor	ds	Addr	·ess			
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	1-	her for (o). (b). and (c).]	aspiration of	Prod	_		ONS	RVAL BE	ETWEEN DEATH
Canditions, r gove rise to cause (a), stati lying cause la	immediate ng lhe <u>under-</u>	o he	drocephali	is, swere (.	35 in)			Sin	ice a	birth
CATIC		_	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 15	PERFC	AUTOPS) DRMED?
	WAS UNDERLYING D NG D CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in	Part 1 or Par	t II of stem 18.)				
20c. TIME OF IN.	m. 10	While of wor	Not while fo	ACE OF INSURY (Home, form letery, street, office bldg., atc		or town)	{(	County)		(Stole
21. I certify alive an	that I attended the	deceas		, 19 <u>5 7</u> , 10 <u>0</u> n accurred a <b>2:18</b> A	M, from	the causes an	d an the			
ACTUAL SIGNATURE	Olive Bei	11	aeris	M.D. Rosewo		Scherf	storej	19	3/2	79
PHYSICIAN'S NAME (Type)	Dlive Rex	1 4	arris	Orie		niells,	ma	ryk	au	2
220 BURIAL, CREMA REMOVAL (Spec Burial	10/5/59	OF	Holy Redeeme	er Cemetery	Balt	timore, M	aryla		(Stat	le)
Wm. Cook-		1050	York Rd., To		D BY REGIST		STRAR'S SIG			



**ADDRESS** 

Liberty Heights Ave.

DATE

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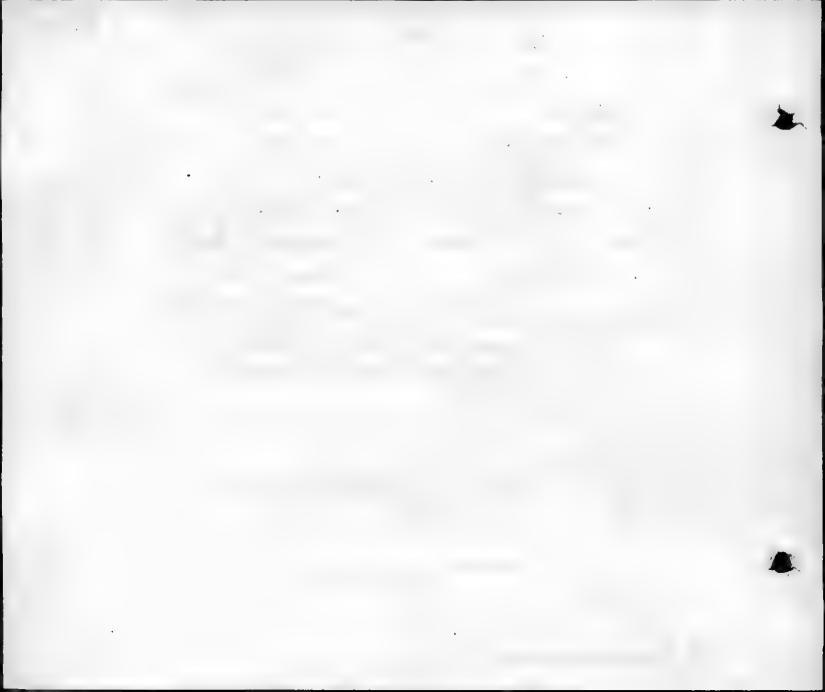
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TO HOSPITAL IN TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Cleath. Poge	may be retain the hospital ar attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furninal direct	page 3 should be detoched for use as the burial-transit permit. Then please remark_page appers. Pages 1 and 2 should be filed w	egis
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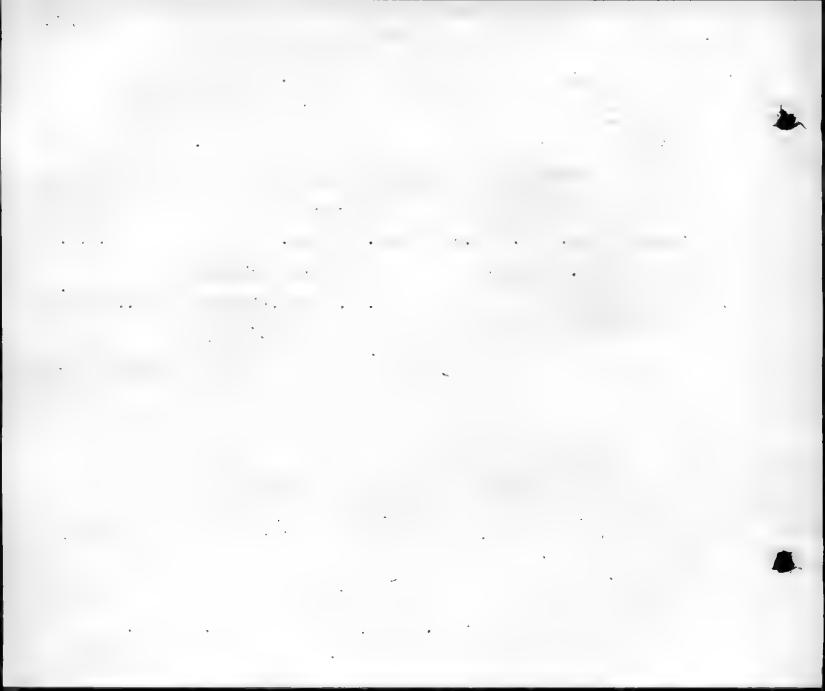
VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11176 **CERTIFICATE OF DEATH** 

11152

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Baltimore	ARYLAND	2 USUAL RESIDENCE (WHO STATE	nere deceased l	ived If institution b. COUNTY	/	fore admission)		
b. CITY OR TOWN (If outside carparate limits, write   c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (IF o	utside carpora	te limits, write Ri				
RURAL and give nearest town) Towson 4, 2 wee	ks	× Baltimor	e 12.					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS				e, IS RESIDENCE ON A FARM?		
Towson Convalesent Home		6905 Avon	dale_	Rd.		YES NOT		
3. NAME OF First Mid	idle	. Last	4. DATE OF	Mont	h (	Day Year		
(Type or print) Oswald Martin Sat	cerlie		DEATH	10	-6	1959		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED B.	DATE OF BIRTH	9	. AGE (In years last birthday)	Mantha Down	AR IF UNDER 24 HRS Hours Min.		
marc will be	RCED 🔲	8-23-1894		65 уп.	monins, bdys	Hoors Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTR	RY 11. BIRTHPLACE (State	ar foreign cau	ntry)	12. CITIZEN	OF WHAT COUNTRY?		
inspector Int. Rev. U.S. Go		Minn.			U.	S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME					
Henry M. Saterlie		Anna M	arie 1					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY  (Yes, no, or unknown) (If yes, give wor or dates of service)	NO INF	ORMANT		Addre		Md.		
yes WW I ?22	W.	M. Kurtz,	1710 H	Kurtz A	ve.,Lu	thervill		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate  DUE TO  DUE TO  DUE TO  DUE TO	co.	metas	P	rà welle		ITERVAL BETWEEN NSET AND DEATH IF MONTH		
cause (a), stating the <u>under-</u> lying cause last.								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OR CONTRIBUTING 2 CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)					EN N PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO		
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
ZOC TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark of wark	20e. PLAC facto	E OF INJURY (Hame, farm iry, street, affice bldg., etc	20f. (City o	r tawn)	(Caunt	y) (State)		
21. I certify that I attended the deceased from Common 19. 4 To Common that I tast saw the deceased alive an address of the deceased alive an address (Street, city or town, state)  ACTUAL SIGNATURE CONTROL TO TO NOR ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type)  AND CONTROL TO TO NOR ADDRESS (Street, city or town, state)								
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 10-9-59 Balto.				ON (City, town, o	Md.	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		5.7.2	D BY REGISTRA		TRAR'S SIGNAT	TURE		
Brooks Funeral Service, Tows	30n 4,	I'IQ . DATE	CT 1 3 '59	I C	72 n 9 40	4		



CERTIFICATE OF DEATH

Rea, Dist. No.

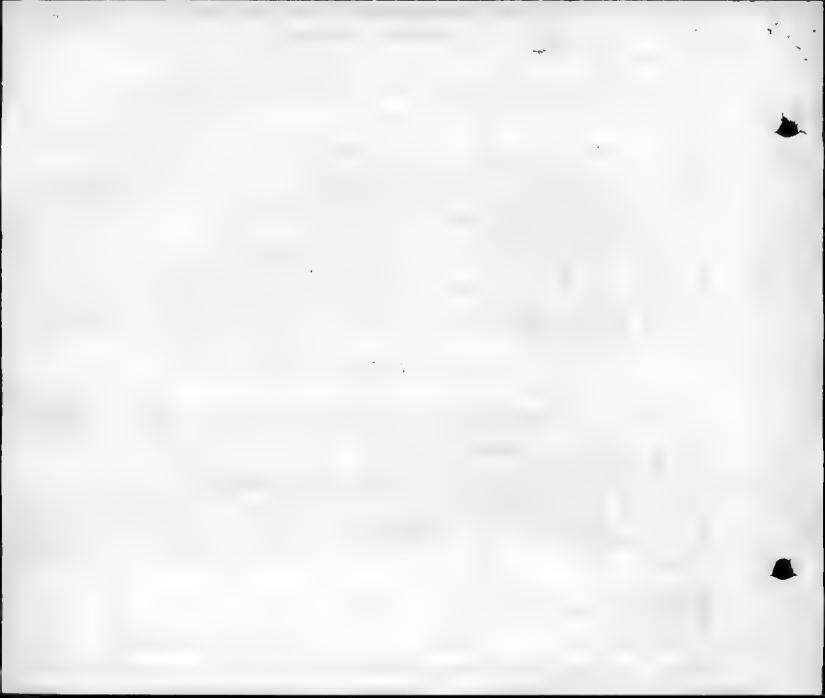
		COUNTY BALLO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE b. COUNTY	e before admission}
	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	C. LENGTH OF STAY IN 16	c. CITY PREOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
		OR INSTITUTION 944 MADC 117	address) (1)	GLY HADCLIFF RD	* IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED Type or print)  HICIA	C. SCA	Lost 4. DATE OF Mighth DEATH	Day 19 59
K	5. 5	WIDOWE WIDOWE		MARCHIZ, 1924 35 yrs. Months	YEAR IF UNDER 24 HRS Days Hours Min.
I.	1	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  AL NOME	KIND OF BUSINESS OR IND	MARY/NHO U	SA.
		POBERT J. BARR		HNAA M. N= NAlly	
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, gave war or dates at service)	SOCIAL SECURITY NO. 17.	DWARD A. SCHILY GLY 11.	Noch AFRD
		1B. CAUSE OF DEATH [Enler only one couse per lin PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).	nematosis	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which )	Carein	oma leit breast.	
		gove rise to immediate code (a), stating the under- lying couse last.  (c)		1	
Ĵ	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20a, ACCIDENT WAS UNDERLYING TO OBE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. If Hour o. m, While p. m. 19 at worl	Not while f	LACE OF INJURY (Home, farm, 20f. (City or town) (Contary, street, affice bldg., etc.)	ounly] (Stote)
		21. I certify that I attended the decease		24, 1958, to G. T. 72, 1957, that I le	ast saw the deceased
		alive on $SEF = 5^{-6}$ , 19.5	$\frac{9}{7}$ , and that deat	h occurred at 11 45 ft.M, from the causes and an the ADDRESS (Street, city or form, state)	e date stated above.  DATE SIGNED
		ACTUAL SIGNATURE /7) X	4111111	M.O. 1927 YORK Rd. TIMO	10/1
		PHYSICIAN'S M. K. Q.	INN	· · · · · · · · · · · · · · · · · · ·	
		BURIAL CREMATION, 226. DATE THEREOF 16 - 12 - 5 9	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOGATION (City fown, or golynty) EPH'S LEM BULLO	(State)
	23/	FUNERAL DIRECTOR'S SIGNATURE  F. EVANS & SON 8	802 HARTO	RD RD 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE OCT 1 3 '59 Chilling &	

may be retained by the haspital ar attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and campletely filled in by refineral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pames I and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAM: THe law requires that the death c≡tificate be executed within 24 hours o TO HOSPITAL OR VIII A15 (4) 15M 9/55

death: Page 4

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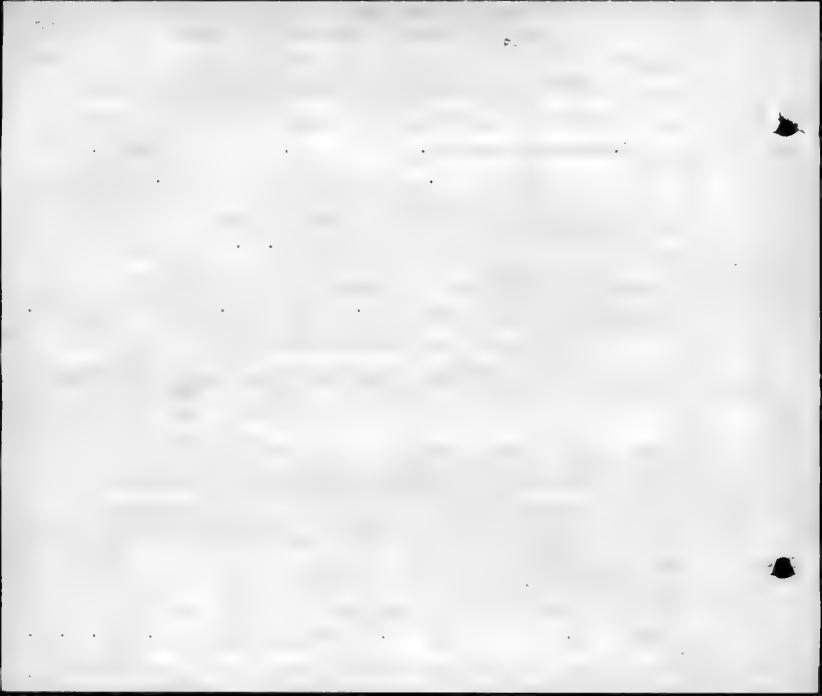
YS. A15ME(5) 5M 9/55

						F HEALTH			
4	11	WEDICA	AL EX	AMINE	R'S CEI	RTIFICATI	E OF D	EATH	D

11154

		L	1	1	U	4
eG.	Dist.	No.				

	PLACE OF DEATH b. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
		Bal timore		MARYLA	ND	% STATE Maryland b. COUNTY Baltimore					
t	ond give necrest town)	suiside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1Ь	e. CITY OR TOWN (II	outside cor	parate limits, write	RURAL ond	give ned	orest town)
		Chase				X Chase					
T-6	. NAME OF HOSPITA		Enat in ho	spital, give street address)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
	Rt.	16 Box 2/19	Eber	ezer Rd.		Rt.	16 Bo	x 2/19 Ebe	nezer	Rd.	YES NO
	NAME OF DECEASED	Fir	đ	Middle		Lest	4. DATE	Mont		Day	Year
	(Type or print)	Wil	liam	P.	Sch	naadt	OF DEATH	Oct		1.	1959
5. \$	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. (	DATE OF BIRTH	<del></del>	9. AGE (In years lost birthday)	IF UNDER	IYEAR I	FUNDER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	1	pril 12, 18	82	77 уп.	Months	Days !	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work	ione 10b, I	KIND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (Stote	or foreign	country)	12. CITE	EN OF	WHAT COUNTRY?
1	Farmer	i me, even is reuseur		Farming		Balto	. Md.			U	SA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	I	Phillip So	haadt	t			Chri	stina Vo	lz		
15. (Yes	WAS DECEASED EVE	R IN U. S ARMED FO	CES? 16.	SOCIAL SECURITY NO. 1	7. INF	ORMANT		Address			
	No			None	Mrs	. Mary Unka	rt R	t. 16 Box	249	Eben	ezer Rd.
		H [Enter only one cau	se per lips	for (a), (b), and (c).]	/					INTERV/	AL BETWEEN AND DEATH
	PART I. DEAT	H WAS CAUSED BY:	_ (6	Florages 1	01	Ectusin	,			21	4-5
	K <sup>d</sup> B	DUE TO	D							~	4
	Conditions, if on		Ca	conous L	112	Mercen	دش			17	12
	gave rise to immed (a), stating the u			7		71	7				
	couse lost.	(c)									
8	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTE BLTING TO DEATH 8	UT NO	T RELATED TO THE TERM	NALD.SEAS	E CONDITION GIV	EN IN PART	1(0) 19.	
N.		CA OF	/	Prostate		,	1 cm			ΥE	PERFORMED?
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING [	b. DESCRIB	E HOW INJURY OCCURRE	D. (Ent	er noture of injury in Pari	I f or Port II	of item 18.)			
	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED   20e.	PLACE	OF INJURY (Home, form	20i, (Cit	y or lown)	(Cou	nty)	(State)
MEDICAL	Hour o.m. p.m.	19	While of we		factor	y, street, office bldg., etc.	)				. ,
	21, 1 certify the	at I took charge	of the	remains described o	vode	e, held an Autops	y 🔲 , I	nspection 🗷	Inquir	y [ZK	and find that
	death resulted	fram: Natural	causes 🛭	, Accident ,	Suici	de 🔲, Homicide	□, U	ndetermined o	ause 🔲	. —	
		1 111	9/								
	SIGNATURE	wellt	-0	llum		M.D. CHIEF MEDICAL EX	AMINER [	l			DATE SIGNED
	EXAMINER'S	11 6	0			ASSISTANT MEDIC	AL EXAMINE	ER 🔲		1.	100
	NAME (Type)	JACILE	_ [[	ILINS		DEPUTY MEDICAL	EXAMINER J	₽		10.	-1-59
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO		22c. NAME OF CEMETERY	-	-	22d. LOCA	TION (City, town,	or county)		(State)
02	Burial		959	Zion Evan	l. I			en Ring R			Co. Md.
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE										
	assassa C	umerals	Hom	e 7401 K	100	UN MA DATE	8 '5	1 00	lun & t	GANA	



death. Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11179

## **CERTIFICATE OF DEATH**

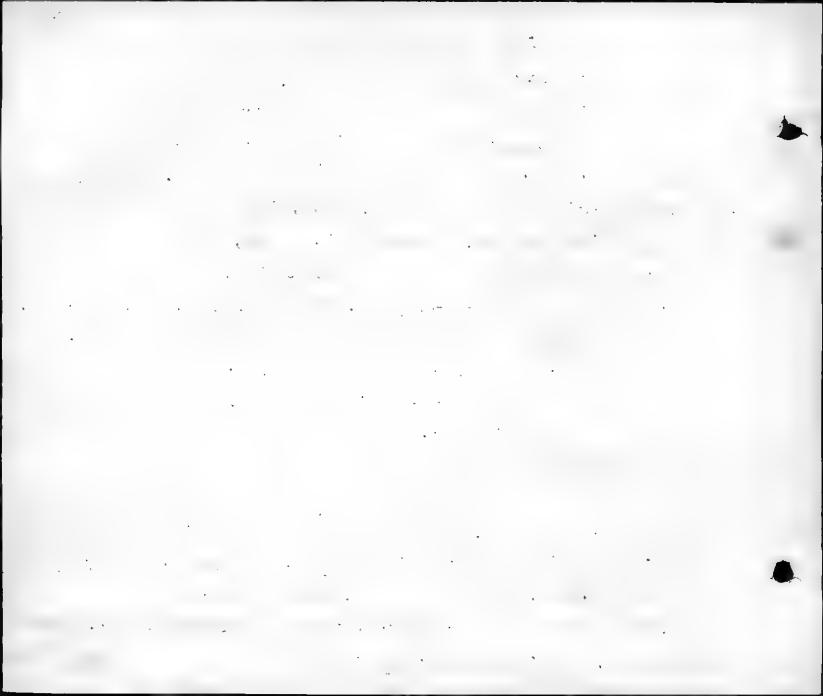
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		- 1	Ji.	T.	ŧ.
-0	Dist	No			

							Ked. Dizi. I.	40.
1.	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where deceased	d lived. If institution b. COUNTY	n: Residence be	efore admission)
	RURAL and give	(if outside corparote limits, write parest pwn).	c. LENGTH OF STAY IN 16	c city or tow	IN (Moutside corporal timore	rote limits, write RU	RAL and give	nearest town)
		ITAL (If not in haspital, give street of	A 1	d STREET ADDR	Jlendale	. Avenue		e. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF DECEASED (Type or print)	Mr. Eins	Albert	Schumme	el 4. DATE DEATH	Octo	1	Day Year Oth 19 5
	male	6. COLOR OR RACE 7. MARR white WIDOWE	The state of the s	B. DATE OF BIRTH  June 149	n 1895	1 1 1 1 1 1 1	Months Day	AR IF UNDER 24 HI
	Joneman	10N (Give kind of work done 10b. orking life, even if retred)  Dethlehem St	kind of business or indu		(State or foreign co	Ohio	12.CITIZEN	OF WHAT COUNTR
13.	Cornel	ius Schimmel	0	14. MOTHER'S MA		>		
	WAS DECEASED EV	(If yet give wor or dates of service) 21		nformant as. Marie	e Schimm	nel 3122		dale Ave
		ATH [Enter only one couse per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ock ?	ap	near	,	NTERVAL BETWEEN
	4 20.1 Conditions, if	PONE TO	2×4. 0	colu	sion		4	
	gove rise to couse (o), stating lying couse lost	The under-	ecent alle	role (10	who ag	10 C		10 WP
CATION		THER'S GNIFICANT CONDITIONS C		NOT RELATED TO THE	ETERMINAL DISEASE	E COMDITION GIVE	N IN PART 1(0	19. WAS AUTOPS PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTIN	AS UNDERLYING THE 20b. DESC G TO CAUSE OF DEATH YMEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of in)	ury in Port 1 or Port	t II of item 18 )		,
MEDICAL	20c. FIME OF INJL Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not white for	ACE OF INJURY (Hom ctory, street, office bld	e, form 20f. (City	or town)	Coun	ity) (Sto
	21. I certify I	hat I attended the decease	ed from Mag.	6 , 19 59, 10 occurred at 9	AM from	the couses and		ow the deceas
	SIGNATURE	Stank T.	Karib A	M.D 9005 H		Road #14		DATE SIGN
	PHYSICIAN'S NAME (Type)	Frank T. Kası	. //	A 1	ore, Ma	ryland		
220	BURIAL, CREMATI REMOVAL (Specif		Baltimore	R CREMATORY National		TION (City, town, or	AVI .	land
23.	FUNERAL DIRECTO		ADDRESS Hantond Road		. REC'D BY REGIST		TRAR'S SIGNA	TURE
1	ponand	4. Kuch 5305 t	ιπη τολα Ιλοσο	TT // LL DA	TE MOV O 10	- 0		

may be retained by the haspital or attending physician.

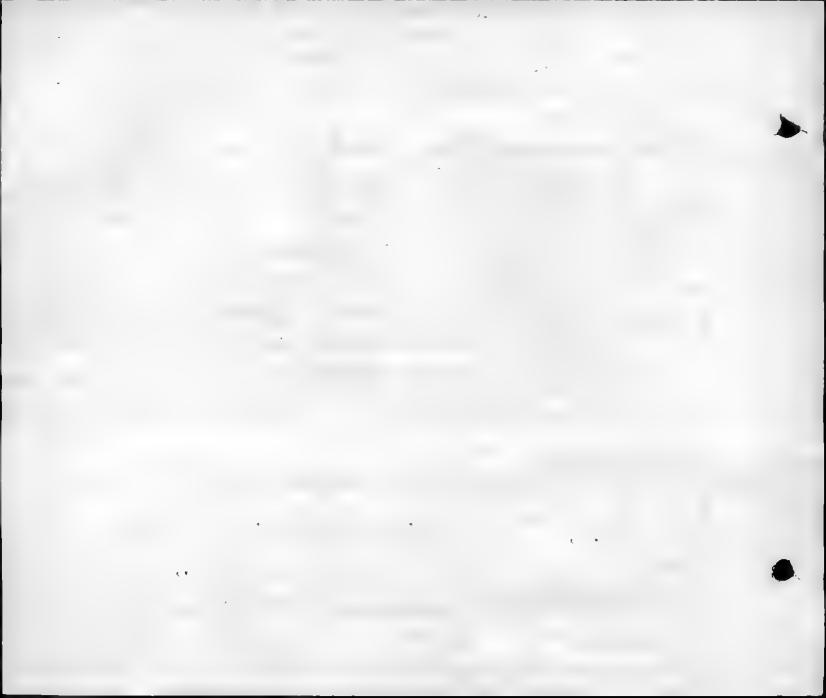
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/SB



11180 CERTIFICATE OF DEATH Reg Dist No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) COUNTY filed **b. COUNTY** MARYLAMO b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) alouser shauld d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE ON A FARM? 24 YES T NO P puc C NAME OF Middle 4. DATE Year DECEASED 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED T NEVER MARRIED Months Days DIVORCED [ WIDOWED | boa papers. 10a. USUAL OCCUPATION (Give kind of work done 10b dortho most of working life, even if refired) KIND OF BUSINESS OR INDUSTRY 11 / IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. and after 13. FATHER'S NAME MOTHER'S MAIDEN NAME b physician BADE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Acute Myocardial Infarction 6 davs DUE TO ģ permit. any Conditions, if any, which Acute Coronary Occlusion 6 days gove rise to immediate DUE TO cause (a), stating the underand lying couse lost. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? YES NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) certificate as the 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year (County) (State) 50 Hour a. m. foctory, street, office bldg., etc.) While Not while at work  $\square$ of work p. m. 21. I certify that I attended the deceased from Sept. 29 , 19.59, to Oct. 6, ..., 19.59 that I last saw the deceased and that death occurred at 44. M, from the causes and on the date stated above. det ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Mallow Hill RAL D PHYSICIAN'S NAME (Type) Baltimore 29. Md Aver ന 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) (State) REMOVAL (Specify) 2 23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Chilling & Thousa DATE

Page .

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



the registrar within 72 hours after death. After this in by the tuneral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M "

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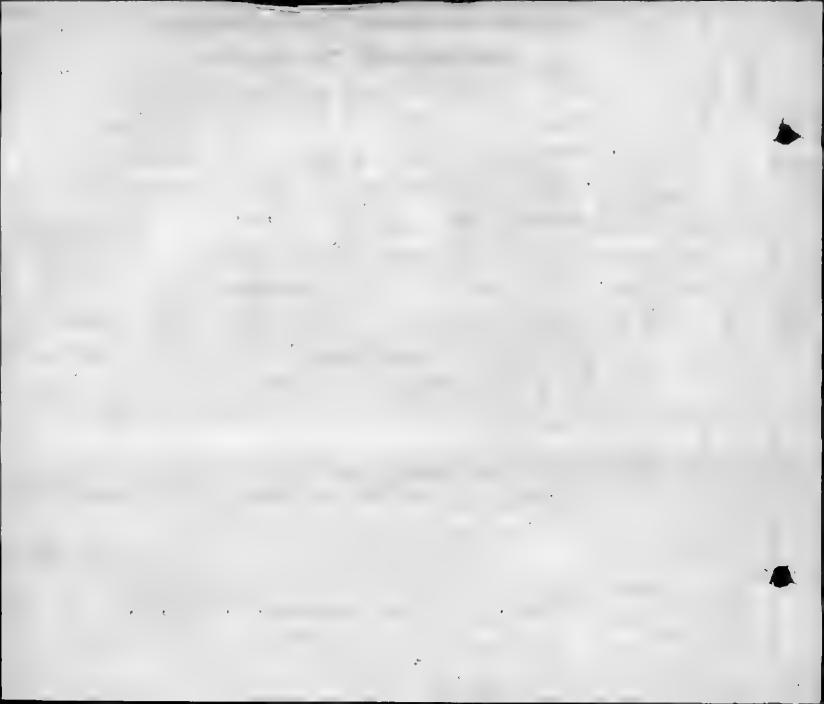
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11157

11181

## CERTIFICATE OF DEATH

			Reg. Dist. No				
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECEASE	D		
COUNTY Baltimore	9	MARYLAND	STATE 1	1/ COUNTY 13 2	7to. City		
CITY (If outside corporate limits OR and give necess town)	s, write RURAL	LENGTH OF STAY	CITY (if outside corps	orate limits, write RURAL and give ne			
TOWN Mt. Wilso	on	(in this piece)	TOWN	Baltimore	2 7 4		
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rural give location	1		
	ilson State	Hospital	320	1 Woodland	1 AVE #15		
3, NAME OF Fin	si)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Your)		
(Type or Print) A16	ert GODE	TRED _S	chuele, s	DEATH /O	10 1954		
5. SEX 6. COLOR OR RACE 1	7. SINGLE, MARRI WIDOWED, DIV	ORCED.	OF BIRTH		R 1 YEAR IF UNDER 24 HRS.		
MIW	(Specify) Ma	rried	2/10/98	6 / yes. Months	Days Hours Min.		
10a, USUAL OCCUPATION (Give kin done during most of working life	d of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (Stelle or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
retired Enginee	Er Ele	ctrice?	Md		U.S.A.		
13. FATHER'S NAME 43		2	14. MOTHER'S MAIDEN	4			
Albert F.	Schue	/e	Clara	- Anbuhle	e pm		
15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Hospital			
(Yes, no, or unk.) (If Yes, give war	r or dates of service)	Un Knowr	Mt. Wils	son State Hospita	al		
I DISEASES OR CONDITIONS DIREC	CTLY LEADING TO DEATH	18, MEDICAL CI			INTERVAL BETWEEN ONSET AND DEATH		
	Far	Adrance	d Pulmana	ry Tuberculo.	711		
IMMEDIATE CAUSE	DHE TO	110 1 21 20	2 / 4 / 1 / 1 / 2	Jobercojo	1 400		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AI	, NY, (B)						
GIYING RISE TO THE ABOYE CAR STATING UNDERLYING CAUSE LA	USE DUE TO						
## OTHER SIGNIFICANT CONDITIONS	(C)				_		
TO THE DEATH BUT NOT RELATED	TO THE						
190, DATE OF OPERATION	G DEATH	OF OPERATION			20. AUTOPSY?		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1121 11110011 11101100	OT OTENATION			YES NO		
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH OF INJURY street,		21c. WHERE DID INJURY OCCU	R? (City or lown) (Cou	unty) (Stele)		
21d. TIME OF INJURY (Month) (D	ley) (Year) (Hour) 21e. Whi M, et w		21f. HOW DID INJURY OCCL	R?			
22. I hereby certify that	I attended the dece	ased from # //8	19 5 7 . 10	10/10 1059 that	I last saw the deceased		
alive on 10/18	19 5 9 and	that death occurred	at 1.20AM from the	causes and on the date stat	ed shove		
SIGNATURE				RESS (Street, city, town, stele)	DATE SIGNED		
	Wm. Ner	wcomer M.D. S	uperintendent.	Mt. Wilson, Md.	10/10/5		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY C	R CREMATORY	LOCATION (City, town, or count	(5161e)		
Burial	10/13/59	BaltimoreNa	tional Cemetery	Baltimore, Ma	ryland		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
DATE 113'59	C thur & Flower		1. Vm.4.76	chille I The	712-17 Jus		

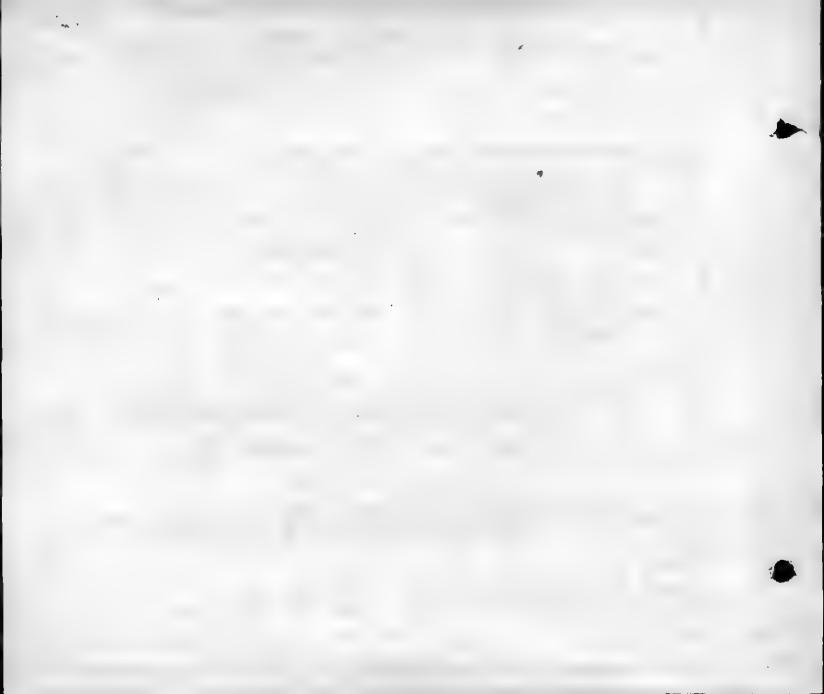


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11158CERTIFICATE OF DEATH Rea, Dist. No rrE 1. NAME OF DECEASED ANDREW SCHULTZ (Type or Print) OF October 15, 1959 DEATH and AF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland thoreg mission) Maryland MORE (If not in hospital or institution, give street address or clear DA POINT HOSPITAL OR C. CITY OR TOWN (If outside corporate limit INSTITUTION 72h Walker Avenue township) Baltimore o STREET ADDRESS (If rural, give location) deat EE ( Yra. 75 Years Mon. 724 Walker Avenue c Length of stay in Baltimore Davi 6 COLOR OR RACE SINGLE MARRIED 8 DATE OF BIRTH 9. AGE (In years) M Under | Year H Under 24 linure WIDOWED, DIVORCED (Specify, Widowed) iast birthday) Months: Days Hours Min. Male White April 23, 1883 10A. USUAL OCCUPATION (Gleekind of ) 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF U.S.A. work done during most of working life, or an if retired)
Retired Steam Fitter FO the Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dora WED. 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs Marie Eaton 72L Walker Avenue INTERVAL BETWEEN Physicians: 1 CAUSE OF DEATH ONSEY AND DEATH DISEASE OR CONDITION DIRECTLY refix Vas wear family LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Supplied. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. V carefully s Œ. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D. OISEASE\*OR CONDITION CAUSING IT 1:1 IF OPERATION WAS RELATED TO HLEAM 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20. AUTOPSY? CAUSE OF GEATH, ENTER IN 376 WAS PERFORME! MADY I ON BADT II NO 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F HOW DID INJURY DCCUR 02 OF INJURY TYPE, 22 I certify that (I) (this hospital) attended the deceased from ), that (I) (we) last saw the deceased alive on 10 m., from the causes and on the date stated above and that death occurred at 23A. SIGNATURE 23C. DATE SIGNED item ATTENOING PHYS. MEO. OIRECTOR [ STAFF PHYS 24A, BURIAL, CREMA- 248. DATE 24c NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify. Burial Oct. 19, 1959 Holv Rosarv Baltimore, Maryland LOCAL HEGET WED BOYS 25 FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901 Eastern Ave.



deoth.

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VS A15 (4) 15M 9/5B

11160

L	11184	ÇEKTII IÇA	AIL OI PLAIII	Reg. Dist. No.	
1	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deced o. STATE /// d. e	b. COUNTY Bacture	e admission) 2012
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	V D + 11	rporote limits, write RURAL and give near	est town)
	d NAME OF HOSPITAL (Michael in hospital), give street OR INSTITUTION 646 Rock Va.	1 1) 1	d. STREET ADDRESS  / 8640 Rock		ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Freida (In	ieda) H.	Semerad 4. DATE	(104 %	Year 1959
S	s. SEX 6. COLOR OR RACE 7. MAR xemale white widow		B. DATE OF BIRTH 9-9-1885	9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Days	Hours Min.
Ī	Oo. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign	country) 12. CITIZEN OF	WHAT COUNTRY
h	at nome		14. MOTHER'S MAIDEN NAME	0127	
1	C-4-:	1+	(lara		
-	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Address	
	(If yes, give wer or dates of service)	SOCIAL SECONIT 140.	Jenemiah G. Soi	merad same	,
F	1B. CAUSE OF DEATH [Enter only one couse per li	ine far (a), (b), and _(c).]	<del></del>	A INTE	RVAL BEJWEEN
l	PART I, DEATH WAS CAUSED BY-	Conola-	- 50.00	ONSE ONSE	ET AND DEATH
l	/ X IMMEDIATE CAUSE (a)	0 0	A	The state of the s	Manage
l		Manage .	) al dit	0 .	- A A
	Conditions, if ony, which (b) (b)	Merco	- une	ALAT CEMANS	ED Y
	couse (a), stating the under-				•
١,	lying cause lost. (c)				
3	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 1(6) 19	PERFORMED
		my aven	1 these	2	YES NO
	200 ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. Enter noture of injury in Port I ar F	'art If of item 1B.)	′ }
ADICIO	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o.m. While of war	Not while fo	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	City or fown) (County)	(Stote
ľ		0	1007 Met	10 1029 that I last saw	
	21. I certify that I attended the decease alive on Second 70, 19,	5 C / C		m the causes and an the date	
	ACTUAL SIGNATURE	Fl: Rin	NO STONESS	(Street, city or town, state)	DATE SUSNE
	PHYSICIAN'S NAME (Type)	F. W.	PIRA MD.	BOOK Y, W	a to
2	20. BURIAL, CREMATION, 22b. DATE THEREON 20 (Specify) 10-10-59	20c. NAME OF CEMETERY O	sbyterian Bo	CATION (City, lown, or county)	(Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS , O ,	240. REC'D BY REG		E
	Leonard J. Ruck 5305	Hartord Rd	DATE OCT 13	159 Chilling & Theren	<u>u</u> .

cerebral identical intermites soyes.

sovered with the solution of the second of the s

0

Fred

Ozazewski

1930

DYLAND	F-RESIDENCE TARREST OF THE	TOP HEALTH BALTIN	OPE 18
Items 1.	4. July 12 min m	OF HEALTH—BALTIN	CORE, 10

MA

11161

1185 CERTIFICATE OF DEATH Reg. Dist. No.								T T T	G F					
	LACE OF DEATH	Baltin	nore	MAR	YLAND	2. USUAL RESID	ENCE (Who	re decease		institutio OUNTY	ni Reside	t/i/m/	yzyey Yzyey	10n)
	RURAL and give n	(If outside corporate time earest town) Onsville	ds, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	102 1	uside corps Vonts	orate limits.	write RU		give ned	arési sowi	N 2
	OR INSTITUTION	TAL (If not in hospital, Home F		oddress)	***	d. STREET A	DDRESS	ugwei	LZ//Di	ylve	-VEps-ille		e. IS RES ON A YES	DENCE FARM?
	NAME OF DECEASED Type or print)		rsi	Middle irowski	•	Les	- <del>1 - 1 - 1 - 1 - 1 - 1</del>	4. DATE OF DEATH	0.04	Mont	h Q	Do		reor 1959
5. 5		6. COLOR OR RACE		IED NEVER MARR	IED [7]	8. DATE OF BIRTH	1		9. AGE (III	<u> </u>	الميا ا	1 YEAR	IF UNDE	
	Female	WHITE	WIDOWE	_		Nov.4.	1871		lost bir	lhdoy) yrs.	Months	Doys	Hours	Min.
	USUAL OCCUPATI during most of wor	ON (Give kind of work king life, even if retired		kind of Business ( Retired	DR INDU	Pol	land		auntry)			nkn		COUNTRY
13.	FATHER'S NAME		Unk			14 MOTHER'S		nk.		*				
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI	CES7 16	SOCIAL SECURITY NO	0 17. 1	INFORMANT	0,1	TIV.		Addre	916			
	no or unknown)	(If yes, give wer or dates of								710011				
		immediate DUE TO	2	ul mer	m	1-the	er l	+ 1 ×	Grad	ist	***	ON:	ERVAL BE SET AND	DEATH
CERTIFICATION		HER SIGNIFICANT CON	ton	de to produce and	0%	- Lower	THE TERMIN	16:2	ኒዲ		EN IN PAI	RT 1(o)		AUTOPSY RMED? NO 🔼
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Enler nature of	l injury in P	ort I or Par	t II of item	18 }				
MEDICAL	20c. TIME OF INJUI Hour e m. p. m	RY Month, Day, Ye	Gr 20d It While of worl	Not while of work	20e Pl fo	ACE OF INJURY () clary, street, office	lome, form, bldg., etc.	20f. (Cil)	y ar lown)		(	County)		(State)
	21. I certify that I attended the deceased from													
-	BURIAL, CREMATIC REMOVAL (Specify UTIAL	Oct. 3	OF	22c. NAME OF CEN	etery o				rion (cir).				(Slate	•)
	FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS			24a, REC'D				TRAR'S SI	GNATU	RE	

Eastern Ave DATENOV 2

may be ref VS A15 (4) 15M 9/55



OR INSTITUTION  THE COLOR PACE   First   Middle   Light   A.DATE   Month   Day    ORATH   DEATH   DEAT		11186 CERTIFIC	ATE OF DEATH	11102 Reg. Dist. No.
RUBMY ond give nearest lowe		e. COUNTY H - 7 -	07477 / ////////////////////////////////	Residence before admission)
OR INSTITUTION	b. CITY OR TOWN (If autside corporate limits, write RUPAC and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU)	RAL and give nearest town)	
DECEASED  (Type or print)  S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED		OR INSTITUTION	7300 Smith au	e. IS RESIDENCE ON A FARM? YES NO
DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DOUBLED	1	DECEASED // - A - A -	, - T C . C - OF .	Doy Year - 10 - 19-54
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  16. No. or unknown) [11 yea, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UCC. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (a) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (a) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (a) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (a) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (b) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (b) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURRED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURRED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURRED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURRED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I (c) 19. W. PER II. O		The state of the s	lost birthdoy)	FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min
The continue of the control of the	2	Addring most of working life, even if refried)	Lith	12 CITIZEN OF WHAT COUNTRY?
18 CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   DUE TO     Conditions, if ony, which gove rise to immediate cause (o), stoling the under lying couse lost.   (c)     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19 W. PEI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     20c. TIME OF INJURY Month, Doy, Year Hour o. m.			March Address	\$\$
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)		(i. yes, greated at an interpretation of the	Irving Skapero	
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (a) 19 W. PEI YES  20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSED While of work of work foctory, street, office bidg., etc.]  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of work foctory, street, office bidg., etc.]  21. I certify that I attended the deceased from 19 While of work 19 While 19 While work 19 While work 19 While work 19 While 19 While While 19 While 19 WHILE WORK 19 WHILE		PART I, DEATH WAS CAUSED BY:	, occlusion	INTERVAL SETWEEN
Couse (o), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF PART I (o) 19 W. PER YES  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION O		Conditions, if ony, which	mois of councing	100
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work   20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County)		couse (o), stoting the under- lying couse lost. (c)	aven.	6
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work   20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County)	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	JT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased from 1949 to Oct 10, 1919 that I last sow the			RED. (Enter nature of injury in Part   or Part    of item 18.)	
		20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Hour o. m. 19 While of work of work 19		(County) (State)
alive an 6				hat I last saw the deceased

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours physician offending Then please the hospital ar attending physician. OR: After this certificate has been signed by the may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been significate as should be detached far use as the burial-transit the registrar prior to burial, cremation, or remand, an

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,

UNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

filed with funeral directar,

shauld 24

puo

papers.

and campletely filled in Poges

VS A15 (4) 15M 9/58

ADDRESS

22c NAME OF SEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR

22d. LOCATION/(City, town por county)

24b REGISTRAR'S SIGNATURE Orthon & House DATE SIGNED

(State



11163

11187

**CERTIFICATE OF DEATH** 

Dan Dist Ma

1	_		Reg. Dist. 140.
)		DIACE OF DEATH  C. COUNTY  MARYLAND  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY
	1	b. CITY OR TOWN (If autside carporate limits, write RURAY and give neores) town)	c CLPT) OR TOWN (If autside carporote limits, write RURAL and give nearest lown)
)		d. NAME OF HOSPITAL (IF not in hospital, give specific address) ORMSTITUTION TOUSE ME MES	d. STREET ADDRESS  2417 Heurt Dreve   o. 15 RESIDENCE ON A FARM? YES   NO
		NAME OF DECEASED [Type or print]  Addiely,  Middle	Last 4. DATE Month Day Year OF DEATH / 0 - 1/- 1959
	5. 5	SEX 6. COLOR OR PACE   MARRIED   NEVER MARRIED   White   Widowed   DIVORCED	8. DATE OF BIRTH  9. AGE (In years lost birthday)  Wonths Doys Hours Min.
•	10a	the USUAL OCCUPATION give kind of work done 106 KIND OF BUSINESS OR INDUSTRING most of working life, even if chared	TRY 11 ERTHPLACE (Stole or foreign country)  Haltemore Md 12. CITIZEN OF WHAT COUNTRY?
	13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- 1	15. (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. IN 161, no, or unknown) (If yes, give war or dates of service)	Normant Schahiro - Same
1	CATION	PART I. DEATH Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Myse. In faction  Interval Between onset and Death  Insoler the World Distort  NOT RELATED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFE	200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 204 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O. (Enter noture of injust in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA  Hour o. m. 19 of work of work of work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stole) tary, street, affice bldg., etc.)
1		21. I certify that I attended the deceased from. 2/10 alive an 1959, and that death ACTUAL SIGNATURE WAY I WILL SIGNATURE PHYSICIAN'S NAME (Type)	accurred at
	12	FEMOVAL (Specific 10 - 13 - 19 Hether of CEMETERY OF LINE OF L	loh Parto Mid
1	23/	alch Lewis the 2100 Cutaw	Place POATE OCT 1 4'59 246. REGISTRAR'S SIGNATURE Onther S. Known

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death. Page 4 may be retained by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by five funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the massivar prior to burior, crematian, at removal, and in any mount within 72 hapts often death.

VS A1S (4) 1SM 9/SB



	11188	CEKTIFICA	ALE OF DEATH		Reg. Dist. No.
PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryle	h and a common	non Residence before admission) Baltimore
RURAL and give no	f outside corporate limits, write earest town) SVILLE	c. LENGTH OF STAY IN 16		utside corporate limits, write f tonsville	RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stri 213 B. Mad		d. STREET ADDRESS	field Drive	o IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or print)	AMIA	GANNON S	Lost HAUGHNESS	4 DATE Mor OF DEATH	Oct. 25, 1959
s. sex Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	Feb. 16, 188'	9 AGE (In years lost birthdoy) 72 yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION during most of world House W	ting life, even if refired)	06. KIND OF BUSINESS OR INDI		or foreign country)	U. S. A.
3. FATHER'S NAME Will	iam Gannon		14. MOTHER'S MAIDEN N	Smith	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service,			Catonsville Add	28, Md.
Conditions, if o gove rise to i couse (o), stoting lying couse lost,	mmediate DUE TO (c)	AUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO E
(IF EITHER, NOTIFY  20c. TIME OF INJUR Hour a.m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20, Wi	nile Not while fi	ED. (Enter noture of injury in f LACE OF .NJURY (Hame, form actory, street, office bldg., etc.	, 20f (City or Iown)	(County) (State
21. I certify th	farres E		h occurred at ${oldsymbol{artilde{3}}}$ ${oldsymbol{A}}$ .		Shat I last saw the decease and on the date stated above, state)  OATE SIGNE  10/26/59
220. BUR AL, CREMATIC	ames E Rema	22c. NAME OF CEMETERY		derick Rd. #28 22d. LOCATION (City, lown,	
REMOVAL (Specify) or Burial 23 FUNERAL DIRECTOR	10/27/1959	Mt. St. Agne	240. REC'	Albany N D BY REGISTRAR 24b REG	ISTRAR'S SIGNATURE

DATE NOV 4 159

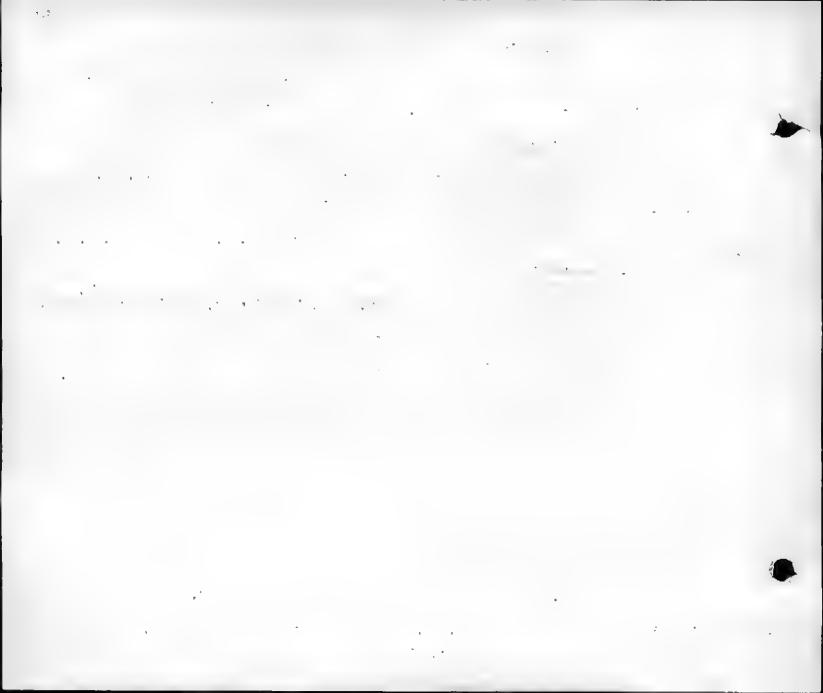
C. Thung S. Kraus

funeral director, old be filed with death. Page ould be and campletely filled in by bank 2 and 2 law requires that the death certificate be executed within 24 hours attending physician may be retained by the haspital or attending physician.

TO EUNERAL DIRECTOR: After this certificate has been signed by the attending in a separate by the attending in the registrar priar to burial, crematian, or removal, and in any event within 72.

B.H.

VS A15 (4) 15M 9/SB



ADDRESS

Towson 4, Md.

24g, REC'D BY REGISTRAR

DATE OCT 2 9 159

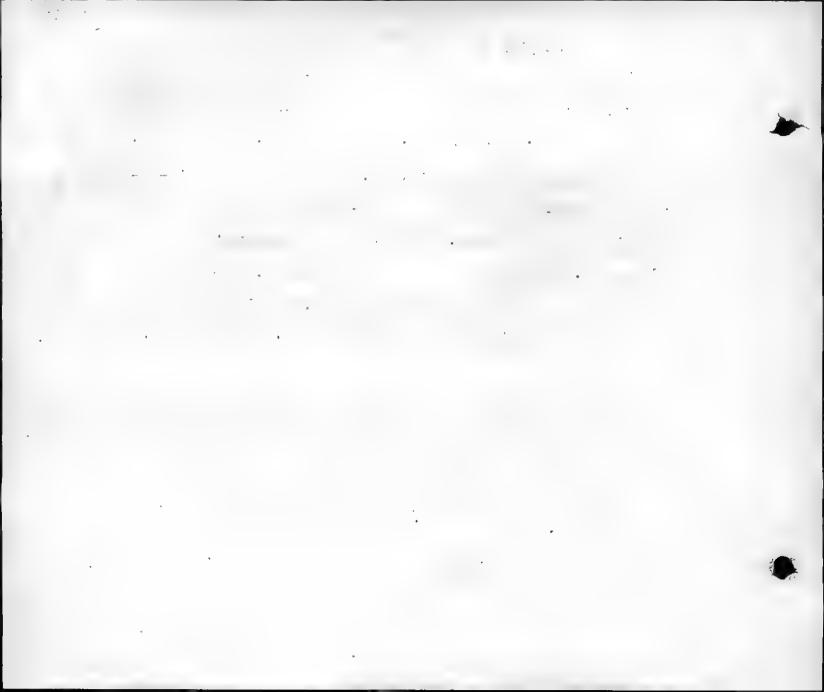
24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 9758

Brooks Funeral Service,



IS RESIDENCE

ON A FARM?

YES NO

Year

19~

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(County)

IF UNDER 1 YEAR IF UNDER 24 HRS

Rea. Dist. No.

Manths | Days

22b. DATE THEREOF

PHYSICIAN'S NAME (Type) 220 BUR AL CREMATION,

REMOVAL (Specify)

22c NAME OF CEMEJERY OR CREMATORY ADDRESS

24a, REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE CILLA & KLOWA

22d LOCATION (City town, or country)



VS A1S (4) 15M 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11191	CERTIFICATE OF DEATH	R

11167

Reg. Dist. No.

	1 PLACE OF DEATH o. COUNTY	o. COUNTY Rosewood State Training School o. STATE b. COUNTY									
	b. CITY OR TOWN	Title Corporate limits.	, write c LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
		wood State T			4513 Fair	view av	re.		o is residence on a farmy yes no		
	3. NAME OF DECEASED (Type or print)	And sea	M.ddle Ma.c		Simons	4. DATE OF DEATH	octo	ber 1	1959		
	s sex Female	1004+0 i	7 MARRIED NEVER MARR		5/16/57	9.	AGE (In years last by hadoy) yrs	Months Days	R IF UNDER 24 HRS Hours Min.		
	10a. USUAL OCCUPAT during most of wo	ION (Give kind of work do orking life, even if retired)	ine 106. KIND OF BUSINESS	OR INDUSTRY	Maryland	ar foreign coun	itry)	12 CITIZEN C	SA SA		
	13. FATHER'S NAME Natha	n Simons			a. MOTHER'S MAIDEN N Buth Henriet						
	15 WAS DECEASED EN	/ER IN U.S. ARMED FORC	ES? 16. SOCIAL SECURITY NO	). INFO	Rosewood	Record	Addi <b>3</b>	ress			
)	Conditions, if gave rise to couse (o), status lying cause lost	Conditions, if ony, which gave rise to immediate couse (o), stoting the under- tying couse lost  DUE TO Malmut or from with alphy drafted in the course to the couse to the under- tying couse lost									
	OR CONTRIBUTION (IF EITHER, NOTIF Have a. m. p. m.	JRY Manth, Day, Year	Ob. DESCRIBE HOW INJURY (  20d INJURY OCCURRED  While Not while at work at work	20e PLACE	OF INJURY (Home, farm, , street, affice bldg., etc.	, 20f (City or		(County	) (Stote		
1	21. I certify of alive on	that I attended the of the constant of the con	1/2	ZQ t death ac M.D.	230 1	ADDRESS (Street		d an the dat	w the deceased e stated above DATE SIGNED		
	22a SURIAL, CREMATI DEMOVAL (Specif	OUT 10	59 Phila	LELPK	ematory Pa	Phil	adely	or county)	(Store)		
	23. MINERAL DARGCTO	NEAN BE	a dic -112	4-26	DATE OC	T 1 4 '59	V	strar's signati Llun S. Ha			
				Y U UL							



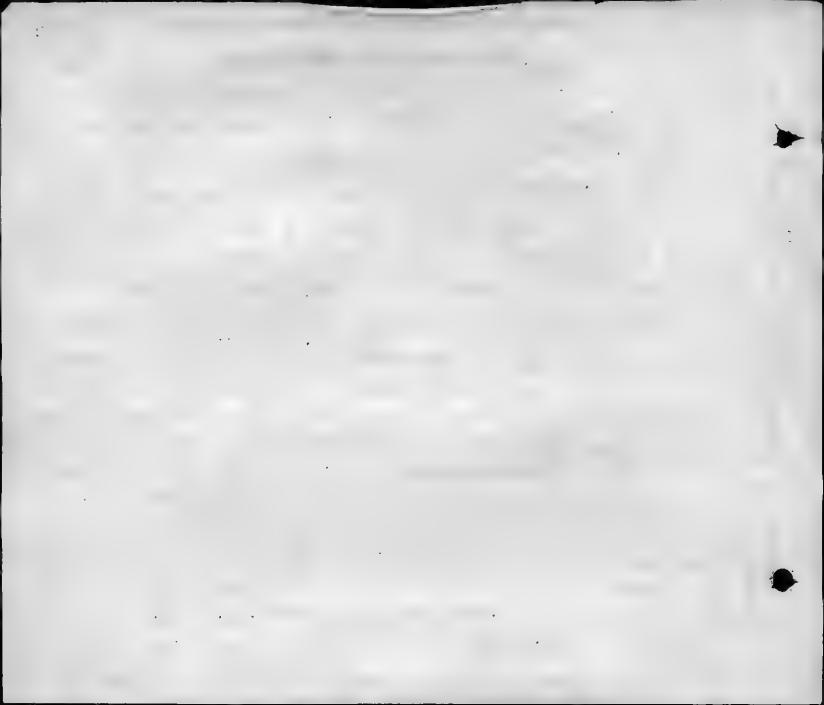
INSTRUCTIONS

11168

#### CERTIFICATE OF DEATH 11192

32

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Baltimore MARYLAN	ND STATE MARYLAN DOUNTY ANNE FRUNDEL
	CITY (If outside corporate limits, write RURAL LENGTH OF STORM and give nearest town) (In this place	TAY CITY (If outside corporate limiter write RURAL and give neerest town)
	TOWN Mt. Wilson	TOWN ( Partial of 11 )
	HOSPITAL OR INSTITUTION OR	STREET (If rure) give location) ADDRESS
	STREET ADDRESS Mt. Wilson State Hospital	ADDRESS
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
	(Type or Print) YILLIE BATTLE	SMITH DEATH OUT 15 19 54
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS
	MALE WHITE (Specify) Marked	Tel-8 1909 50 yrs. Months Deys Hours Min.
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Í	done during most of working life, even life OR INDUSTRY	DAIR NORTH CAROLINA COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H	ERNEST L, SMITH	MARY EMMA LOUIS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURIT	TY NO. 17. INFORMANT & ADDRESS HOSPITAL RECORDS
	(Yes, no, or unk.) (If Yas, give wer or dates of service) 238-/2	-/500 Mt. Wilson State Hospital
	18. MEDIC	CAL CERTIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	022 × IMMEDIATE CAUSE (A) COMPONIS	m / grewy - braws 1 3 kms
	ANTECEDENT CAUSE(S) DUE TO	m of thoragic anto To The
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING SUNDERLYING CAUSE LAST DUE TO	1 munic quite Il right
	STATING UNDERLYING CAUSE LAST. (C) THROMEO	Sis of Howevic saffa
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	12/2/21
	DISEASE OR CONDITION CAUSING DEATH.	10N4KY 113C
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
~	210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	
	M. at work et work	
	22. I hereby certify that I attended the deceased from 5	13, 19.58, to 10/15, 19. 19. that I last saw the deceased
1	alive on 10/15 1957 and that death occ	curred at
ž,	ALEMANURI	ADDRESS (Street, city, town, stets) DATE SIGNED
2	Wm. Newcomer	_
1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	M.D. Superintendent, Mt. Wilson, Maryland METERY OR CREMATORY (Slote)
Š		est Cemetery Annapolis Manuage
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE TO ADDRESS DEED
	DATE OCT 1 9 '59 C 1 - 8. Tours	HOPPING PUNERAL HOME TANNADOTTE MARY AND



TO HOSPITAL 9

VS A1S (4) 1SM 9/58

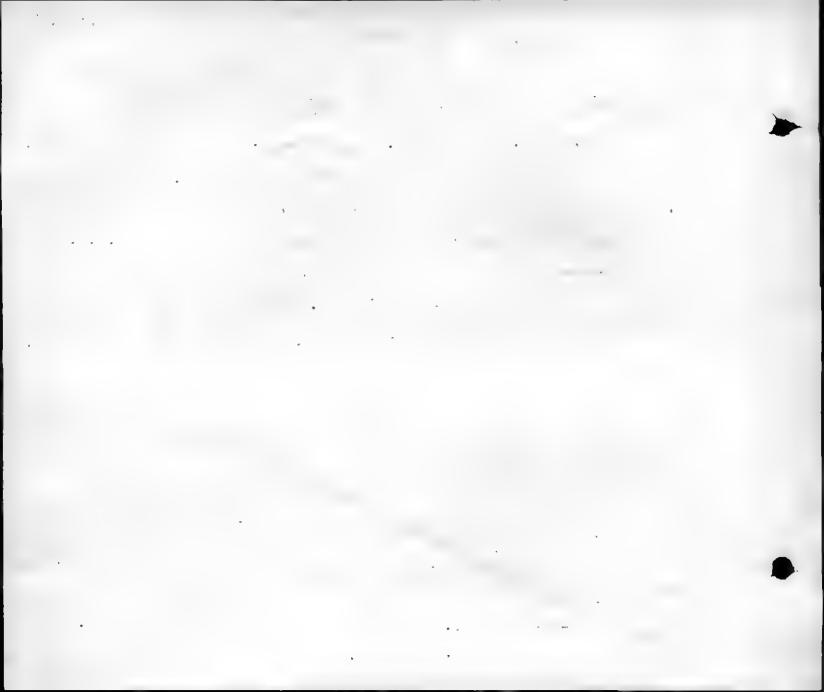
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

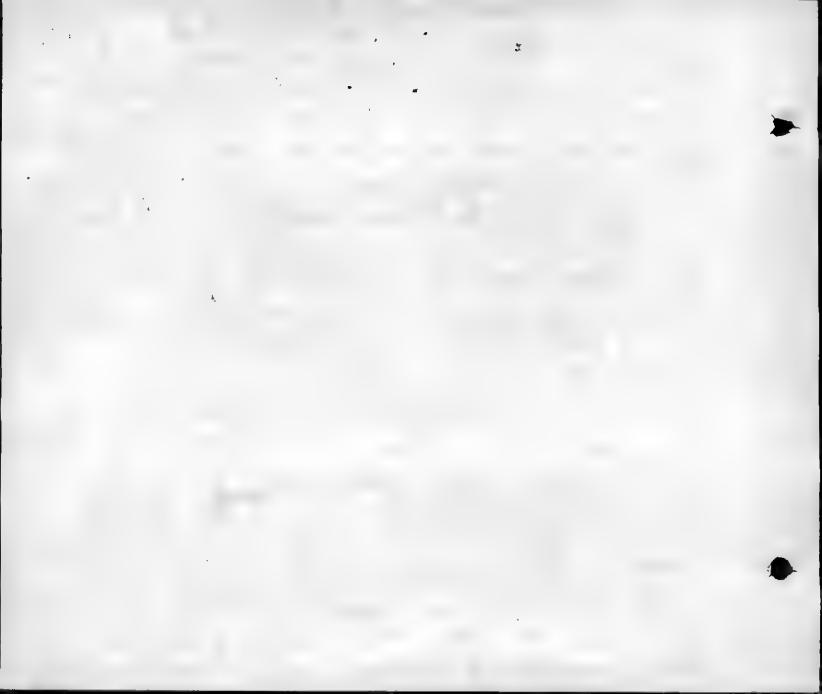
11103

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Bal:	timore		MARYLAND	TZ D	TE	land	l lived. If instituti b. COUNTY		before odm	
b. CITY OR TOWN (If an All Physics of the Control o	utside corporate limits ht Jown) YXXX (RU)	ral)	oth of stay in te		Y OR TOWN (IF O	outside corpo	rate limits, write R (rural)		e nearest to	iwn)
d NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, given the control of the contr	re street address)	lls Rd.	1	REET ADDRESS	d.			ON	RESIDENCE I A FARM?
NAME OF	First		Middle		Lost	4. DATE	Мол	al.	Dov	Yegr
(Type or print)	Rocco	5		-	era	OF DEATH	Oct.1	5		1959
_	color or race	7 MARRIED <b>∏</b> ∑ WIDOWED □	NEVER MARRIED DIVORCED		F BIRTH 0-1884		9. AGE (In years last birthday) 75 yrs	Months Do	YEAR IF UN	
USUAL OCCUPATION	(Give kind of work do	one 10b. KIND OF	BUSINESS OR INC			ar foreign co	ountry)	12. CITIZE	N OF WHA	TCOUNTRY
track for	life, even if retired)	quarr	У		Itlay			U.	S.A.	
3. FATHER'S NAME					THER'S MAIDEN I					
Veto S	h '				3333333	777				
5 WAS DECEASED EVER III You, no, or unknown     (If y	N U. S. ARMED FORC	ES? 16. SOCIAL S		INFORMAN			Add	ress		
no		216-0	7-9500	Elmer	L. Men	tzell	. A	bove		
Conditions, if any, gave rise to imm cause (a), stating the lying cause last.	DUE TO									C AL TOPOL
20- ACCIDENT WAS	UNDERLYING 2		OW INJURY OCCUR					EN IN PART I	PER	S AUTOPSY FORMED?
THE EITHER, NOTIFY ME	DICAL EXAMINER)	20d INJURY O	CCURRED 20e.	PLACE OF IN	JURY (Home, form	n, 20f. (City	or town)	{Cou	inty)	(State
20c TIME OF INJURY Hour a. m. p. m.	19		t while work	factory, stree	t, office bldg., etc	:-)	·	, , , ,		
21. I certify that alive an OCT.		, 1 <u>9.59</u>	n, and that dea	ith accurre	ed at 10 a	.M, fram	the causes an	d an the c	date stat D	
PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, REMOVAL (Specify)		22c N	AME OF CEMETERY	OR CREMAT	ORY	22d. LOCA!	ION (City, town,	ar county)	(s	tate)
Duriar	10-19-5			11.8				-		
Brooks Fun			wson 4.	Md.	24g REC	'D BY REGIST	OCT 2	strar's sign 0 '59	IATURE C'nt	my 8. 9



1		MARYLAND STATE DEPARTA	MENT OF HEALTH-BALTIMORE, 18	
¥			'S CERTIFICATE OF DEATH	11170
253 7	1.	PLACE OF DEATH  BALLIMATE  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residue) G. STATE b. COUNTY	dence before admission)
5	4	b. CITY OR TOWN (If outside corporate limits, write RURAL of LENGTH OF SPAY IN 1 and give nearest town)  20 14 1 - Monket Cm  6 44 45	c. CITY OR TOWN (If outside corporate limits, write RURAL or	
X X		d. NAME OF HOSPITAL OR INSTITUTION (Uspet in hospital, give street address)	d. STREET ADDRESS Heretord.	e, is residence On a Farm? YES NO
		NAME OF First Middle OF OF Print) Cynthia Ann Stahler	4. DATE Month OF DEATH Oct. 28	Doy Year 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	6 DATE OF BIRTH 9. AGE (in years load birthday) yrs. Mogths	Hours Min.
	10a	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY M. BIRTHPLACE (Store or toleign country)  12. CI  Bot Timore Md.	STIZEN OF WHAT COUNTRY?
	15.	FATHER'S NAME  - CHARGE STATE  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANTS MAIDEN NAME  Address  Address	ne
	(118	18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).	: Cugene Stabler, Mon	blon Md.Rd
1			nting pneumonia	12 hrs
1		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		
ù	CATION	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. (Enter notuce of injury in Part I or Part II of item 18.)	
	MEDICAL		PLACE OF INJURY (Home, farm, octory, street, affice bldg., etc.) (City or town) (C	county) (Stote)
		21. I certify that I took charge of the remains described of death resulted from: Natural couses X, Accident, S		" leased"
		ACTUAL CI. M. France	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
.4.		EXAMINER'S A. M. France	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	10/28/59
D D	1	REMOVAL (Specify Oct. 31, 1958 USS UDS	CEMPTERY CC. KEYSVILLE	(State)
(5)	23. 	FINERAL DIRECTOR'S SIGNATURE & ADORESS ADORESS	Par Par Date NOV 2 159 Conthur	AGNATURE S. Knows



TOWSON, MD

1SM 9/SB

arthur & Hrough

DATE (10T 3 0 159

41-15



ir death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11173

**CERTIFICATE OF DEATH** 

				400	1	1	9	6
N Y	D. PLACE OF DEATH	^	,					

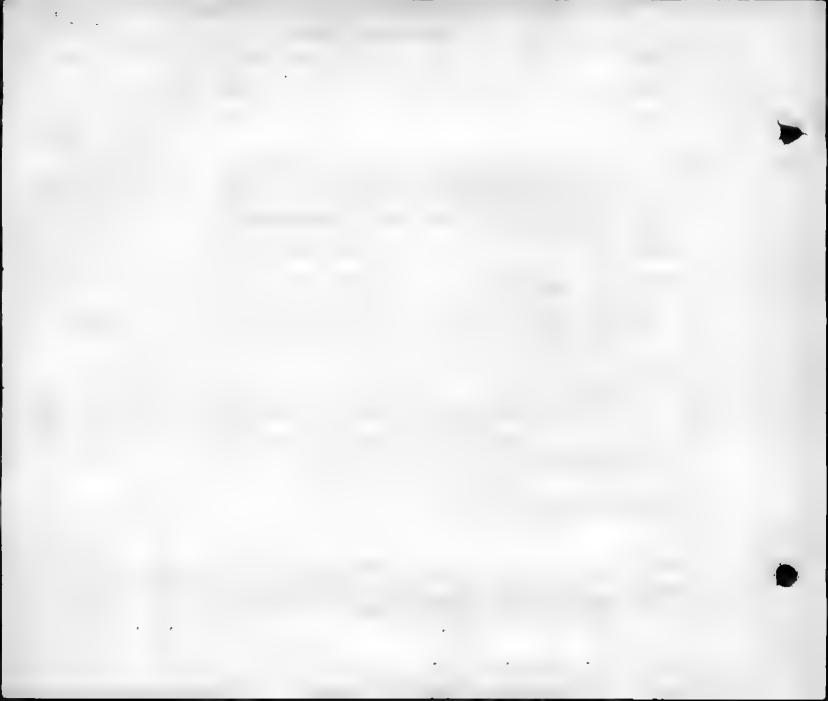
Reg. Dist. No.

1	PLACE OF DEATH	ALTIMORE	MARYLAND	o. STATE	DENCE (Where dec	_	. If institutions Rib. COUNTY	esidence before	odmission)
		If outside corporate limits, write	c. LENGTH OF STAY IN 16		TOWN (If outside c		mits, write RURAL	and give near	est town)
	COCKE	45 VILLE	TYEARS	1	BALTIN	16R	E	51,	1 hough
	d. NAME OF HOSPI'	FAL (If not in hospital, give street	•	d. STREET A				•	IS RESIDENCE ON A FARM?
	\rangle	1A SONIC H	OME	/ 8	308 BA	RCL	AY		YES INO A
3.	NAME OF DECEASED (Type or print)	ROSE	ANNA	STUP	O.E.		Month DCT	00y 14	Year 19 5 9
5.	FE F	6. COLOR OR RACE 7. MARR	7	B. DATE OF BIRT	1878	9. AG	E (In years IF U birthday) Mar	-	F UNDER 24 HRS Hours Min.
10	during most of work	ON (Give kind of work done 10b. king life, even if retured)  WIFE	KIND OF BUSINESS OR IND		NNA	gn country)	1		WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
ш	CRIS	FISHER		14	ETTY	S	WART	rz	
15. (Ye		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	Trand	L. Anie	the g	Address Coc	keym	el ma
		ATH [Enter only one cause per lir		1	^			INTER	VAL BETWEEN T AND DEATH
П	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	rterio Dr	cherole	è Car	de	0	01436	T AND DEATH
	422	DUE TO	1	/1 .					7 .
	Candilians, if a gove rise to i		ascular	10-6	lead			1	geaux
	cause (a), staling								/
z	lying couse lost	er Significant conditions of	CONTRIBUTING TO DEATH RE	T NOT PELATED TO	THE TERMINAL DIE	CASC CON	DITION CHIEN IN	10107141110	MAS AUTORS
CERTIFICATION									PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING \( \) \( \) CAUSE OF DEATH MEDICAL EXAMINER)	ERIBE HOW INJURY OCCURR	ED. (Enter nature c	af injury in Part I ar	Part II of	item 18.)		
MEDICAL	20c. TIME OF INJUR Heur o. m. p. m.	While	NJURY OCCURRED 200 f	LACE OF INJURY ( actory, street, office	Home, form, 20f. e bldg , etc.}	(City or to	vn)	(County)	(State)
H	21. I certify th	at I attended the decease	ed fram 57 - 3	2 195	2, to 10	-14	19.5½,the	at I last say	v the deceased
П	alive on	10 7 14 195	2, and that deat	h occurred at	19:05 PM, 1	ram the	causes and	on the date	stated above.
П	ACTIVAL	hold.	Rus	1	ADDRES	S (Street, c	ity or town, state)		DATE SIGNED
П	ACTUAL SIGNATURE	10-0000/.		MD C	Chlypu	ell	maj.		16/14/59
L	PHYSICIAN'S NAME (Type)				, 				
22	BURIAL CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LC		City, tawn, ar cau		(State)
	Burial Burial		Balto. Natl				imore, M		
	FUNERAL DIRECTOR		ADDRESS		24a. REC'D BY RE		24b. REGISTRAR		
	nul. Cook,	Inc. 1217 St.	Paul St.		DATE OUT 1	b '59	Cirth	of & tras	4

may be relocated by the hospital or attending physician.

TO FUNERAL COTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 9/55



Reg. Dist. No.

filled in by the funeral director, ges 1 and 2 shauld be filed with

or arenaing physician is consistent of the care of the configuration and completely filled in second that the burial-transit permit. Then please remaye carbon papers Pages 1 or alian, ar remayal, and in any event within 72 haurs, effected the

A TO HOSPITAL CONTINUE OF THYSILLA May be retained by the haspital ar after this certific page 3 shauld be detached far use as the

1SM 9/58

Ja

2, USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE **b.** COUNTY MARYLAND Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rullerton Fullerton d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [ Chapel Rd. Chapel NAME OF 4. DATE First Middle Lost Month Year DECEASED (Type or print) William DEATH 19 39 Sweetman October S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours DIVORCED [ ale WIDOWED T yrs. 10a. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Machinist-Retired Pal to Arsenal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert A. Sweetman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mr. William 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DRONARY IMROW BOLIS 4 thurs IMMEDIATE CAUSE (O **DUE TO** ARTERIOSELERUSIS Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underlying couse lost CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port !! of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) MEDI o. m. Not while ol work of work Oct . 5 1959, that I last saw the deceased 1951, to 21. I certify that I attended the deceased from and that death accurred at ? P. M. from the causes and on the date stated above. ADDRESS (Street city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. SURIAL, CREMATION | 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) Puri a' Woodlawn Raltimore, Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 246 REC'D BY REGISTRAR Chailing of Trans 9 '59



1			11109	,	CERTIF	CATE OF	DEAT	Н		Reg	g. Dist. No.	1175
	1. P	LACE OF DEATH	11130	-		2. USUAL RE	SIDENCE (W	here deceased			esidence befor	e admission)
11	0	E	BALTIMORE		MARYLA	o. STATE	MARY LA	ND	P COT	JNTY		
7	Ь	. CITY OR TOWN (If RURAL and give no	f outside corporate limits arest fown)	s, write	LENGTH OF STAY IN	Ib c. CITY O	R TOWN (IF	outside corpo	rote limits, w	rite RURAL	ond give nea	rest fown)
	F	DRT_HOWART	)		25 DAYS		LITIMOR	E		1. 1	. 4	<u> </u>
-			AL (If not in haspital, gi				ADDRESS				1	ON A FAR
-			MINISTRATIO					NGTON	STRUG			YES NO
	(	Type or print) Sej	1.6	an roy	Middle	Tay	IOR lor	4. DATE OF DEATH		Month TOBER		195
	5. 5				NEVER MARRIED		RTH		<ol><li>AGE (in y lost birthd</li></ol>		NDER 1 YEAR	Hours A
-	_	MALE		WIDOWED		- 0-22			63	yrs		
	_]	during most of work PORTER FATHER'S NAME	ON (Give kind of work di ling life, even if retired)		IND OF BUSINESS OR I	PANY BAL	TTMORE	MARY			U.S.	
		VILLIAM LA	אובי									
-			R IN U. S. ARMED FORCE	CES? 16 SC	OCIAL SECURITY NO.	INFORMANT	ECCA T	ALLIA		Address		
	(Yes.	no, or unknown]	If yes, give war or dates of ser	refee		CLIN REC	VAH	BALTIM	ORE MD	Lists	HOWARD	חדעדכ
ŀ			TH [Enter only one cou			OLJILA TOLOG	7 4 64	- Andread Co.	0142 145		INTE	RVAL BETWE
			TH WAS CAUSED BY:	261.00	IVE MURAL T	HROMBUS O	e the	LEFT V	ENTRIC	HE	ONS 10	HOURS
		11 211 11									-	
	- 1	4344	DUE TO									
		Conditions, if or	ny, which } (b).	HYPE	RTROPHY AND	DILATATI	ON OF	THE HE	ART		UN	KNOWN
		7 9 7	ny, which (b).	HYPE	RTROPHY AND	DILATATI	ON OF	THE HE	ART		UN	KNOWN
	NOI	Conditions, if or gove rise to in couse (o), stating lying couse lost.  Part II. OTH	mmediote (b).  the under- (c).  IER SIGNIFICANT COND	DIT ONS CO	ontributing to death	BUT NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION			9 WAS AUTO
	CATION	Conditions, if or gove rise to in cause (a), stating lying couse lost.  PART II. OTH  CHRONIC	mmediate (b).  the under:  (c)  C PASSIVE C	ONGES	DITRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION	S		
	CERTIF	Conditions, if or gove rise to in cause (a), storing I lying couse lost.  PART II. OTH  CHRONIC  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mediote the under- DUE TO (c).  ER SIGNIFICANT COND C PASSIVE CO  S UNDERLYING COND CONTROL COND CONTROL COND CONTROL COND CONTROL CON	DIT ONS CO ONGES 206. DESCR	ontributing to death	BUT NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION	S		9 WAS AUTO
	L CERTIF.	Conditions, if or gove rise to in cause (a), storing I lying couse lost.  PART II. OTH  CHRONIC  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under:  CER SIGNIFICANT COND  CONDERLYING  CAUSE OF DEATH	DIT ONS CC ONGES 20b. DESCR	DITRIBUTING TO DEATH TTON OF THE RIBE HOW INJURY OCC	BUT NOT RELATED	TO THETERN  IVER A e of injury in	AINAL DISEAS  AND INT  Port I or Port  m, 20f (City	E CONDITION ES TINE	S		9 WAS AUTO
	MEDICAL CERTIF.	Conditions, if or gove rise to in cause (o), storing I lying cause lost.  PART II. OTH  CHRONIC  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour omp. m.  21. I certify the	DUE TO  CONDERSIVE CO  S JUDERYING COS  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Valended the	PIT ONS CC ONGES 20b. DESCR r 20d INJ While of work	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	LUNGS, LURRED. (Enter noture foctory, street, off	TO THETERN  IVER A  of injury in  (Home, for- lice bldg, et	AINAL DISEAS  LND INT  Port I or Port  m, 20f (City  ctober	ESTINE I II of item 18 or town)	59xbeet	(County)	9 WAS AUTO PERFORMEI YES NO NO
	MEDICAL CERTIF.	Conditions, if or gove rise to in cause (o), storing I lying cause lost.  PART II. OTH  CHRONIC  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour omp. m.  21. I certify the	ny, which (b).  mmediate the under:  DUE TO  (c).  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year	PIT ONS CC ONGES 20b. DESCR r 20d INJ While of work	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	LUNGS, LURRED. (Enter noture foctory, street, off	TO THETERN  IVER A  of injury in  (Home, for- lice bldg, et	m, 20f (City ctober	E CONDITION ESTINE I II of item 16 or town) 10, 19,	S 59xbets and a	(County)	9 WAS AUTO PERFORMEI YES TO NO.
	MEDICAL CERTIF	Conditions, if or gove rise to in couse (o), storing I lying couse lost.  PART II. OTH  CHRONIC  20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) Hour omp.m.  21. I certify the	DUE TO  CONDERSIVE CO  S JUDERYING COS  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Valended the	PIT ONS CC ONGES 20b. DESCR r 20d INJ While of work	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	BUT NOT RELATED LUNGS, L URRED. (Enter noture foctory, street, off ber 15 1959 eath accurred c	TO THETERN  IVER A e of injury in (Home, for- fice bldg, et  2, to 0	m, 20f (City)  ctober  M, from  ADDRESS (SI	E CONDITION ES TINE I II of item 16 or town) 10, 19 the cause: treet, city or t	59 xthat s and at town, state	(County)	9 WAS AUTO PERFORMEN YES Y NO (5) Stated ab DATE SIG
	MEDICAL CERTIF	Conditions, if or gove rise to in cause (o), storing I lying cause lost.  PART II. OTH  CHRONIC  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour omp. m.  21. I certify the	DUE TO  CONDERSIVE CO  S JUDERYING COS  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Valended the	PIT ONS CC ONGES 20b. DESCR r 20d INJ While of work	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	BUT NOT RELATED LUNGS, L URRED. (Enter noture foctory, street, off ber 15 1959 eath accurred c	TO THETERN  IVER A e of injury in (Home, for- fice bldg, et  2, to 0	m, 20f (City)  ctober  M, from  ADDRESS (SI	E CONDITION ES TINE I II of item 16 or town) 10, 19 the cause: treet, city or t	59 xthat s and at town, state	(County) (County) (County) (County) (County) (County) (County)	9 WAS AUTO PERFORMEI YES TO NO (S)
	MEDICAL CERTIF	Conditions, if or gove rise to in couse (o), storing I lying couse lost.  PART II. OTH  CHRONIC  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour om p. m.  21. I certify the	DUE TO  CONDERSIVE CO  S JUDERYING COS  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Valended the	PIT ONS CC ONGES 20b. DESCR r 20d INJ While of work	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	BUT NOT RELATED LUNGS, L URRED. (Enter noture foctory, street, off ber 15 1950 eath accurred c	TO THETERA  IVER A  of injury in  (Home, for ice bldg, et  2, to 0  113:10  H Balt	m, 20f (City c) Ctober  MADRESS (SI	e condition  ESTINE I II of item 16  or town)  10 , 19  the cause: treet, city or t	59 ybox s and ar town, stole Howar	(County)  (County)  (County)  (County)  (County)	yes dure yes yes yes yes yes yes yes yes yes ye
/	MEDICAL CERTIF	Conditions, if or gove rise to in couse (o), storing I lying couse lost.  PART II. OTH  CHRONIC  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER. NOTIFY)  20c. TIME OF INJURY Hour om p. m.  21. I certify the olive of the control of the	mediate the under. DUE TO (c).  SUNDERLYING DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Valtended the	onces  ONCES  20b. DESCR  r 20d INJ  While of work  deceases	TION OF THE RIBE HOW INJURY OCCURRED Not white of work of the RIBE HOW INJURY OCCURRED Not WORK OF THE RIBE HOW INJURY	EUT NOT RELATED LUNGS, L URRED. (Enter noture re. PLACE OF INJUR foctory, street, off eath accurred of M.D. VA	TO THETERA  IVER A  of injury in  (Home, for ice bldg, et  2, to 0  113:10  H Balt	m, 20f (City ctober MA from ADDRESS (Si	e condition  ESTINE I II of item 16  or town)  10 , 19  the cause: treet, city or t	59 Aborts and an antown, state Howar	(County)  (County)  County)  County)  County)  County)  County)  County)	yes dure yes yes yes yes yes yes yes yes yes ye
/	MEDICAL CERTIF	Conditions, if or gove rise to in couse (o), storing I lying couse lost.  PART II. OTH CHRONIC  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20g. TIME OF INJURY Hour om p. m.  21. I certify the olivery of the control of th	INV. which mediate the under:  DUE TO (c)  DUE TO (c)  DUE TO (c)  PASSIVE CO  S UNDERLYING (C)  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year  19  at Vattended the	onces  ONCES  20b. DESCR  r 20d INJ  While of work  deceases	DITRIBUTING TO DEATH TON OF THE RIBE HOW INJURY OCC  JURY OCCURRED Of work  d from Septen  and that decease are the decease and that decease are the decease and that decease are the decease	EUT NOT RELATED LUNGS, L URRED. (Enter noture re. PLACE OF INUJR foctory, street, off ber 15 1950 eath accurred of M.D. VA M.D. VA RY OR CREMATORY	TO THETERA  IVER A  of injury in  (Home, for ice bldg, et  2, to 0  113:10  H Balt	m, 20f (City  ctober  MADRESS (Si  imore  22d. LOCAT	ECONDITION ESTINE I II of item 18 or town)  10 , 19 the cause: treet, city or t Md Ft  18 Md TION (City, to	59 that s and are town, stole Howar	(County)  (County)  (County)  (County)  (County)	yes was auto performely yes in the second of
/	MEDICAL CERTIF	Conditions, if or gove rise to in couse (o), storing I lying couse lost.  PART II. OTH  CHRONIC  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER. NOTIFY)  20c. TIME OF INJURY Hour om p. m.  21. I certify the olive of the control of the	DUE TO  (c)  C PASSIVE CO  S JUNDERLYING COUNTY  MONTH, DOY, Year  19  at Valenteded the  CALLER OF DEATH  ACTUAL EXAMINER)  Y Month, Doy, Year  19  at Valenteded the  CALLER OF DEATH  ACTUAL EXAMINER)  ACTUAL COUNTY  Brold Calvo  N, 22b. DATE THEREON	onces  ONCES  20b. DESCR  r 20d INJ  While of work  deceases	TION OF THE BIBE HOW INJURY OCCURRED Not white of work of the base and that decided and tha	EUT NOT RELATED LUNGS, L URRED. (Enter noture re. PLACE OF INUJR foctory, street, off ber 15 1950 eath accurred of M.D. VA M.D. VA RY OR CREMATORY	TO THETERM  IVER A  of injury in  ( (Home, for- fice bldg, et  2 , to 0  at 3:40  H Balt  H Balt	m, 20f (City ctober MA from ADDRESS (Si	E CONDITION ESTINE I II of item 18 To r town)  10 , 19 the cause: treet, city or town Md Ft  18 Md TION (City, to	59 that s and ar town, stole Howar Tt.	(County)  (County)  (County)  (County)  (County)	yes is to the state of the stat



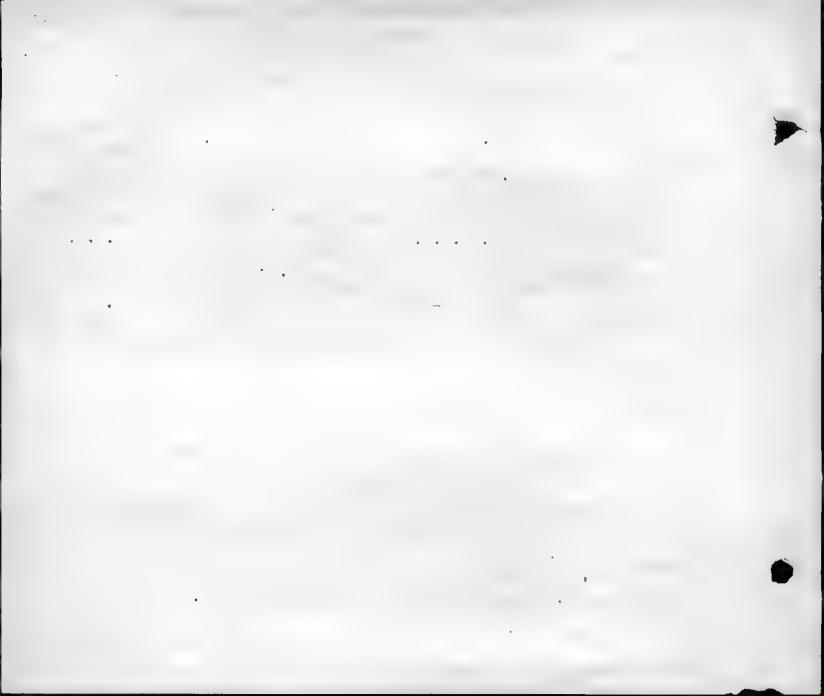
CERTIFICATE OF DEATH

11176

	11026	CERTIFICA	ATE OF DEATH	Reg. (	Dist. No.
1.	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Whe	ere deceased lived. If institution Reside	ence before admission)
\_	Balt more	MARYLAND	MINTY	nd b. county	More
ſ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	I am a	itside corporate limits, write RURAL and	
	Arbutus	l year	5/ Arbutus		
L	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 4200 Time 635 AVA	· ·	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
L	4900 Leeds Ave	•	/ 4900 Lee	ds Ave.	YES NO Z
3.	NAME OF First DECEASED (Type or print)  Jeroma G. T	Middle	Lost	4. DATE Month Of DEATH October 19	Day Year 9,1959
5.	SEX 6 COLOR OF RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
	Male White WIDOW	ED DIVORCED		1897 61 yrs. Months	
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (Slate o	r foreign country) 12, C	ITIZEN OF WHAT COUNTRY
-		.&O.R.R.	Maryland		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	William Tageler		Mary D.E	chle	
15		SOCIAL SECURITY NO 17. I	NFORMANT	Address	
"		05-09-2708 F	dne Granlun	d 4900 Leesd Av	7C.
F	18. CAUSE OF DEATH [Enter only one couse per li		. 77 .	T > 2	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY	Transita Like	Tateral	Jelerosis	ONSET AND DEATH
L	356. Due to	- The company			3 7 RS
	0	0-1-1	Direction	1 1 -4 .	H 1-00
	Conditions, if any, which (b)	Mullight	Neurce	culiles	7785
	couse (a), sloting the under-	•			
١,	lying couse lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	RT 1(6) 19 WAS AUTOPSY PERFORMED?
5					YES NO DE
L CERTIF	200 ACCIDENT WAS UNDERLYING   20b DESCOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
MEDICAL	Hour o. m. White	NJURY OCCURRED 20e. PL. Not white k at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceas	ed from Masch	, 1953, to Cl	et 19, 1954, that I	last sow the decease
	olive on act 19 194	29_, and that death		M, fram the causes and on	
		20	, A	DDRESS (Street, city or town, state)	. PAI WAY
	ACTUAL SIGNATURE John To Co	clasian	M.D. 4201 Will	leur are Britis	ne 29. kal 10/20,
	PHYSICIAN'S John F. Coolaba	n	4201 Wilk	ens Avc.	
22	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	22d LQCATION (City, lown, or county)	(Stole)
	REMOVAL Specify 16/22/54	New Cather	Scal Cometer	Baltimara 1	Marilland
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE
14	1 - 1 Tue 1270 Su	11. 5.	6 1 1	OT 0 2 159 Callen	8. Malla

and 2 should be filed with death Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the haspital ar attending physician.

O FUNERAL L. CIOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 10/57



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

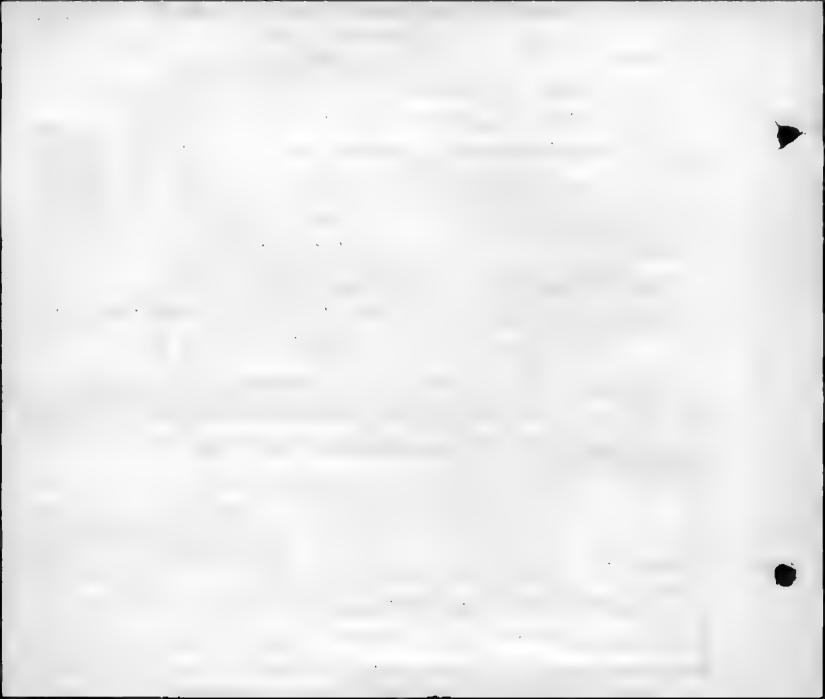
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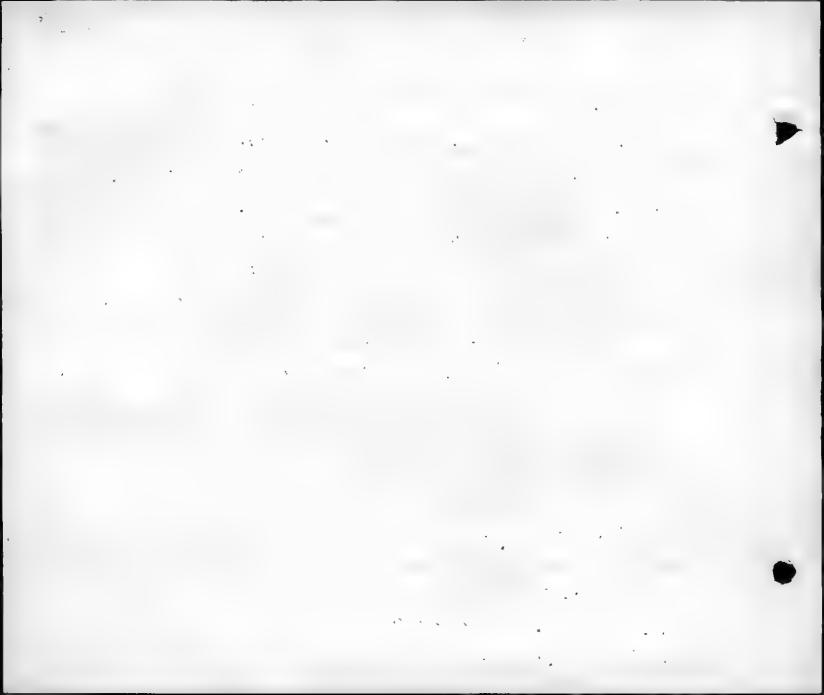
1199 CERTIFICATE OF DEAT	TH
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	T	JŁ	1	4	4

							·	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND		CE (Where deceased ar yland	lived. If institution b. COUNTY	. Residence befo	ore admission)	
b. CITY OR TOWN - RURAL and give of	(If outside corporate limits, w neorest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
and a	onsville		Baltimore 3 Vol-4					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	treet address)	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?					
Shady N	Nook Nursing	Home	3213 B	rightwood	i Ave.		YES NO 🔀	
3 NAME OF DECEASED (Type or print)	first ROBE	Middle RT WHARTON	TEST	4. DATE OF DEATH	Octobe	_	19 19 59	
5. SEX	6. COLOR OR RACE 7.	MARRIED MEVER MARRIED	B. DATE OF BIRTH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		R IF UNDER 24 HRS.	
Male	White wit	DOWED DIVORCED	May 26,	1874	85 yrs.	Months Days	Hours Min	
100. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INDUS			untry)	12. CITIZEN	OF WHAT COUNTRY?	
Statisticia			Chica	go, Illino	is	USA	A.	
13. FATHER'S NAME			14. MOTHER'S MA					
Fr	ancis Wilby 7	Test	Julia	Crawley :	Ellis			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Addres	13		
No	in her disease or service	213-05-8554 Eu	igene Wha	rton Test	- 300 M	ontrose	Ave 28	
	ATH (Enter only one couse   ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).	MONAL	E		INI	TERVAL BETWEEN HISET AND DEATH	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate DUE TO	EMYSEMA	CHRO	NIC			5 YRS	
PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT  ESSENTIAL  DESCRIBE HOW INJURY OCCURREN	HYPEI	RTENSIC	IN	IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO P	
20c. TIME OF INJU Hour a. p. p. m.	. V	10d INJURY OCCURRED 20e. PU While Net while for 4 work 0 of work 1	ACE OF INJURY (Homotory, street, office blo	ie, farm, 20f. (City lg., etc.)	or lown)	(County	(State)	
21, 1 certify falive on	nat I attended the dec OCT. 19 Marvin X	Ceased from OCT.  1959, and that death  Silver of the Country of t	30, 1956, 1 occurred at 9 m.o. 5334	:00AM, from	14, 19,54, on the causes and reet, city or town, store CTY	d on the do	to the deceased obove DATE SIGNED	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, or		(State)	
Burial	10/22/195				timore	Ma	ryland	
23. FUNERAL DIRECTO		ADDRESS		B. REC'D BY REGISTI		RAR'S SIGNATU	_	
TEll carrowth	Ammagaget 16	OO I ibouter Wahta	ATTO IN	- OOT 2.2	150	- Elwa & M	Halla	

TO HOSPITAL OR VS A15 [4] 15M 9/55





TO HOSPITAL OR

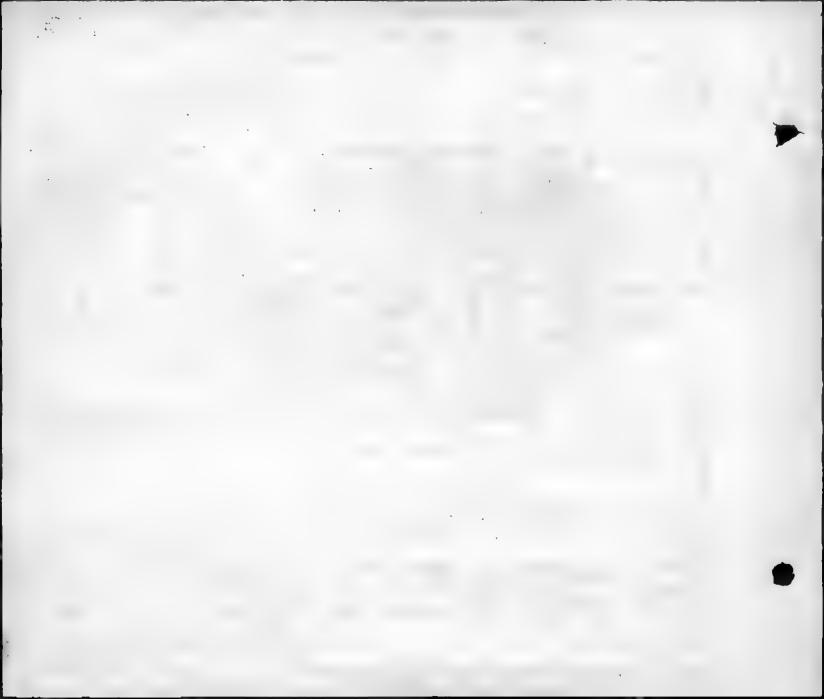
VS A15 (4) 15M 9/\$5

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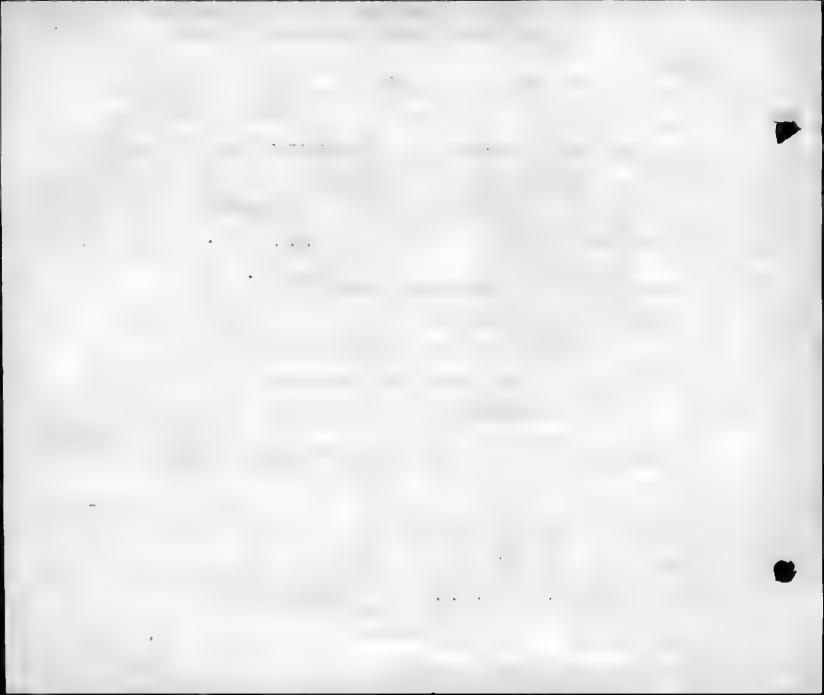
**CERTIFICATE OF DEATH** 

11179

		keg. Dist. No.
	î. F	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceded lived. If institution: Represent odmission)  3. COUNTY  Balturial  MARYLAND  2. USUAL RESIDENCE (Where deceded lived. If institution: Represent odmission)  O. STATE  MARYLAND
	t	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	,	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Forth Read  e. 15 RESIDENCE ON A FARM? YES \( \) NOW-
		NAME OF Corporation of Death Carbon 28 1959
	5. 5	Female Willowed Divorced of June 1889 To yes Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or breign country)   12. CITIZEN OF WHAT COUNTRY?   Walkfore   Daltio, Red   12. CITIZEN OF WHAT COUNTRY?
)	13.	FATHER'S NAME Albert Pleason Vilson 14. MOTHER'S MAIDEN NAME Bosley
	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  10. or unknown) 1 (14 yes, give wor or dates of service) 203-24-9263 AA Transport  AND COCKERSUITE MG
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  DUE TO
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  (b) The first account of the cause of
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED?  YES NO
		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Not Mile Not while of work of wor
		21. I certify that I attended the secensed from 19, 19, to 19, that I last saw the deceased alive an 19, and that death occurred at 1, 10, M, from the causes and on the date stated above.
,		ACTUAL SIGNATURE Malkin T. Cres M.D. Cockey 3 velle lud 280cts
		PHYSICIAN'S Walter T. IEES
	1	BURIAL CREMATION 226, DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county). (State)
	23.	FINERAL DIRECTOR'S SIGNATURE  ADDRESS 24. REC'D BY REGISTRAR'S SIGNATURE  NOV 2 '59 Circles & thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

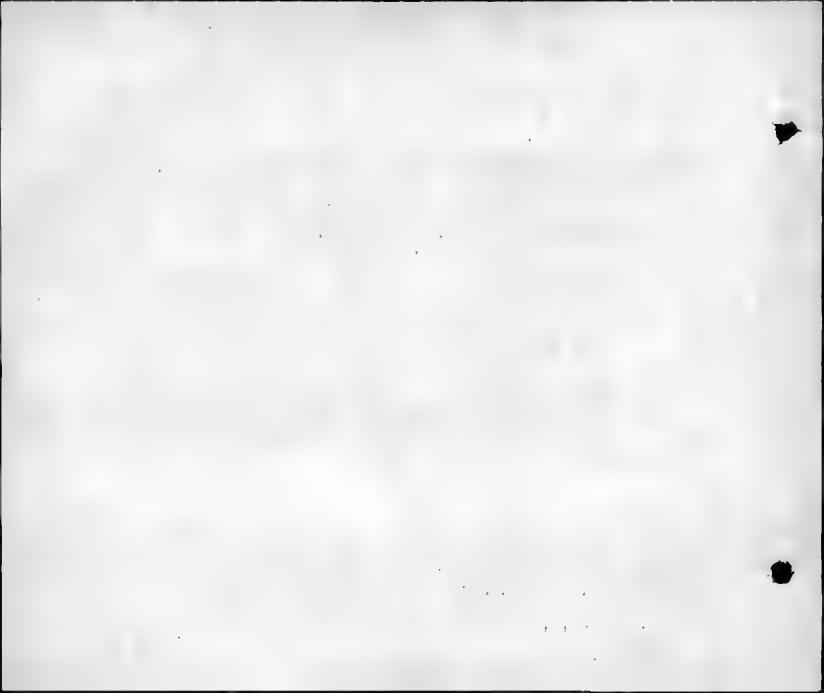


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 11181

Marine Co.						<del></del>				
	PLACE OF BEATH a. COUNTY	Baltimore		MARYLAN	2. USUAL RESIDEN G. STATE	CE (Where decease	b. COUN		nce befor	re odmission)
	ond give requires Jay	If outside corporate limits, writing	e RUHAL	c. LENGTH OF STAY IN 1	e. CITY OR TOW	VN (If outside corp	orote limits, writ	RURAL and	give nec	orest town)
,		ysto ne Rd.		phal, give street address)	d. STREET ADDR	ess Freystone	Rd.			ON A FARM YES NO
	NAME OF DECEASED (Type or print)	Coorga	Trad	eric'i Middle	1 r	4. DATE OF DEATH	Co.	* I	Day .	O Year 19
5.	EX H1	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	Nov. 24,	, 1888	9. AGE (in years lest birthday) 70 yrs.			F UNDER 24 HI Haurs Min.
100	USUAL OCCUPATI	ION (Give kind of work ing life, even if retired)		ind of Business or Indienn F. Gall	USTRY 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZ	ZEN OF	WHAT COUNT
13.	FATHER'S NAME union	own Treibl	er.		14. MOTHER'S MAIL	cherine H	offman			
	WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 177	Pro. A Le	eo na Ha	cer la	tj fr	cyst	one Ri.
	Canditions, if gave rise to Imme (a), storing the cause fast.	underlying DUE TO		Goronary Tl Cardiovascul	lar disease				ONSET	AL BETWEEN AND DEATH
CERTIFICATION				NTRIBUTING TO DEATH BU				VEN IN PART		WAS AUTOPS PERFORMED?
	20a. EXTERNAL CAPRIMARY   ar CO	NUSE WAS INTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of injury i	in Part I ar Part II (	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		While		PLACE OF INJURY (Home octory, street, office bldg	, form, 20f. (City ., etc.)	or tawn)	(Cov	nty)	(State
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspectiony, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause									
	ACTUAL SIGNATURE EXAMINER'S	Jeff Coord	v.k	Kieller MD	M.D.	AL EXAMINER		Ort. I		DATE SIGNED
220	NAME (Type)	ON, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CREMATORY		ION (City, tawn,	or county)		(State)
23.	FUNERAL DIRECTOR HOWARD			ADDRESS O7 Wilkens		REC'D BY REGISTI	AR 24b. REG	ISTRAR'S SIG	NATURE	

VS. A15ME(5) 5M 9/55



PLACE OF DEATH

o. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

stean shi

13. FATHER'S NAME

p, m.

bureal

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11182 11203CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY MARYLAND 1713612 °C b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) enville d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Manor Convah. YES NO Middle 4. DATE Month Day Yeor OF DEATH 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months WIDOWED P DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY merica 14. MOTHER'S MAIDEN NAME Illiam Wall 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Koselawn Wittstruck 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1 Greek **DUE TO** Vear DUE TO

420.1 Conditions, if any, which ) gove rise to immediate couse (o), stoting the undererios letosis lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY prostate; diabetes PERFORMED? YES 🗍 NO 🔽 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. ft. factory, street, office bldg., etc.) While Not while

21. I certify that I attended the deceased fram. 19.52 that I last saw the deceased and that death occurred at 1. A.M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE 10-11-59

PHYSICIAN'S an dor NAME (Type) 220. SURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Woodlawn cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

at work of work

Baltimore, 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

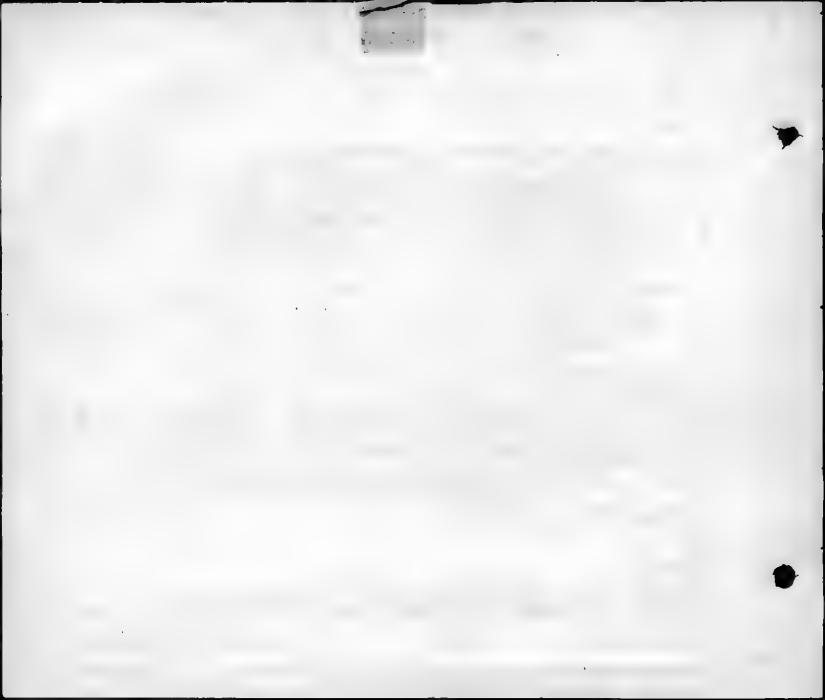
Hartord Rd

DCT 1 3 '59

Octom & House

Mid.

(Stole)



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR **BALTIMORE 1. MARYLAND** L EXAMINER'S C 1. PLACE OF DEA 2. USUAL RESIDENCE (Whate deceased I ved, If institution, Residence before admission) a. COUNTY Page b. COUNTY BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (if outs de corporete limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end giva nearast town] d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress Pol a. IS RESIDENCE ON A FARM? 290 Liberty Liberty Parkway State YES INO I 3. NAME OF Middle DECEASED OF 1959 October RUTH DYKE (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages form PM3. 14. MOTHER'S MAIDEN NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). RICHARDSON ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, marked DUE TO Conditions, if eny, which (b) gave rise to immediate causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 61: 19. WAS AUTOPSY PERFORMED? 8 cremat NO v 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Yeer (State) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection Inquiry and in my opinion should be forwarded a FUNERAL DIRECT death resulted from. Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER PR DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT Bradley King, Jr., M.D. NAME (Typa) Address (Street, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. REMOVAL (Spacify) 40 VS. AISME 5M 7/59





# filed with director Poge death unerol should be executed within 24 hours puo .5 filled Pages completely papers. deot. oug carbon PHYSICIAN: The law requires that the death certificate be in any event within 72 hours after attending physician гетаме Then δ permit. After this certificate has been signed to burial, crematian, or removal, and detached for use as the burial-tronsit haspital or attending physicion OR: the registrar priar TO FUNERAL D poge 3 should d TO HOSPITAL

VS A15 (4)

15M 10/57

I. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN

3. NAME OF DECEASED

5. SEX

(Type or print)

10s. USUAL OCCUPAT

13. FATHER'S NAME

15. WAS DECEASED EN

during most of we

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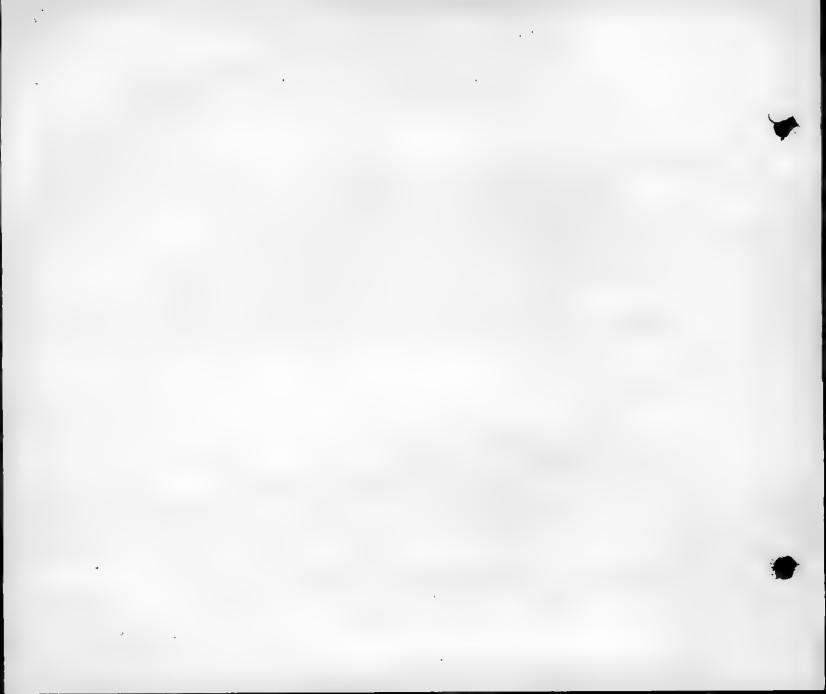
RURAL and give NAME OF HOSE OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
11205 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 11185							
Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE ALCH b. COUNTY	Balliture							
(If outside corporate limits, write nearest town)  thereila 53 years	Rusel X Suther	IRAL and give nearest fawn)							
ITAL (If not in hospital, give street address)	Green Spring are	e. IS RESIDENCE ON A FARM? YES ON O							
Tames E, Wad	SWOTTH 4. DATE Month	Day Year 59							
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH  June8, 1884  9. AGE (In years instituteday)  yes	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min							
ION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- rking life, even if retired)	Witnington, Da	12. CITIZEN OF WHAT, COUNTRY?							
wel W. Wadsworth	14 MOTHER'S MAIDEN NAME  Alice  7	rurod							
ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II  18 yes, give wor or dates of service 213-14-410A	NFORMANT Wadsworth &	Tuthowille, Ky							
ATH [Enter only one couse per line for (o), (b), and (c).]  ATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	thrombosis	INTERVAL BETWEEN ONSET AND DEATH							
ony, which) DUE TO Heylertena	wie CVD								
immediate DUE TO Culturosche	osis, generalized	2							
THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							

CAUSE OF DE PART I. DE Conditions, if gove rise to couse (a), stoling lying couse last PART II. O AE2 NOR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED Doy. Year (County) (Stote) Hour factory, street, office bldg., etc.) 0. m. While Not while at work all work p. m. , 1957 that I last saw the deceased 21. I certify that I attended the deceased from 6 and that death accurred at 2.11-5. A.M. from the causes and on the date stated above. ADDRESS (Street, gity or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stole) REMOVAL (Specify)
URITILE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 28'59 DATE

Orthun S. Thank

OWSON-INC-YOUSU



22c NAME OF CEMETERY OR CREMATORY

Schwab Funeral HomeBaltimore,

Frederick Ave.

Meadowridge Memorial Park (Baltimore) Dorsey, Maryland

OCT 26

240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

11186

IS RESIDENCE ON A FARM?

YES TO NO TH

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES Y NO

(State)

UNKNOWN

IINKMOWN

59

TO FUNERAL D. page 3 should

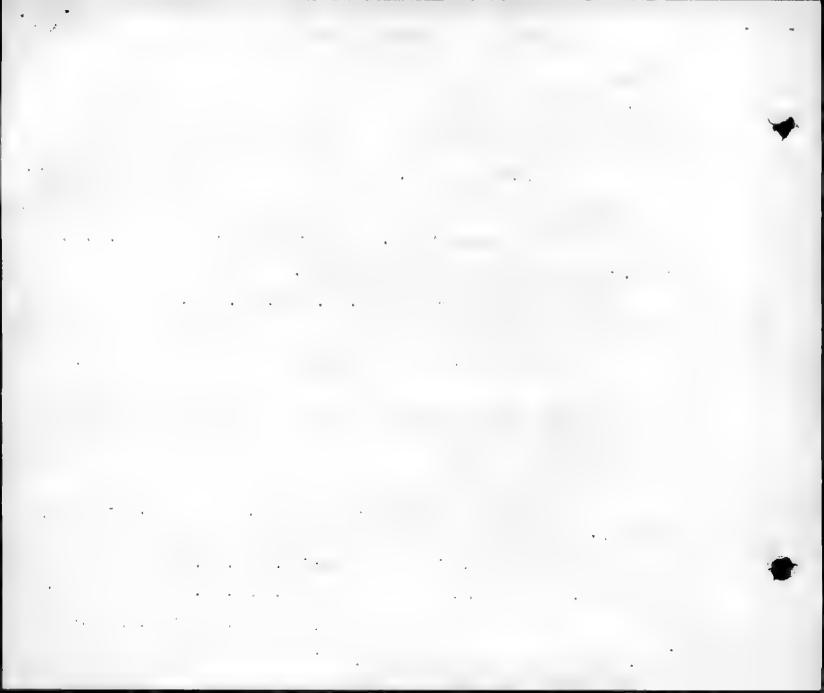
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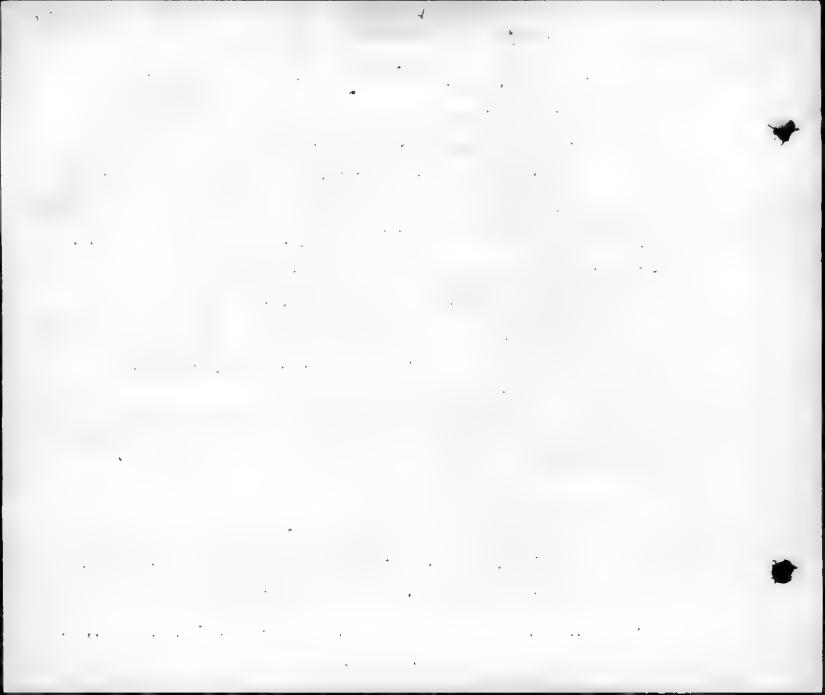
220. BUR AL, CREMATION.

Burial

REMOVAL (Specify)

23. EUNERAL DIRECTOR'S SIGNATURE





death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 15M 9/5B

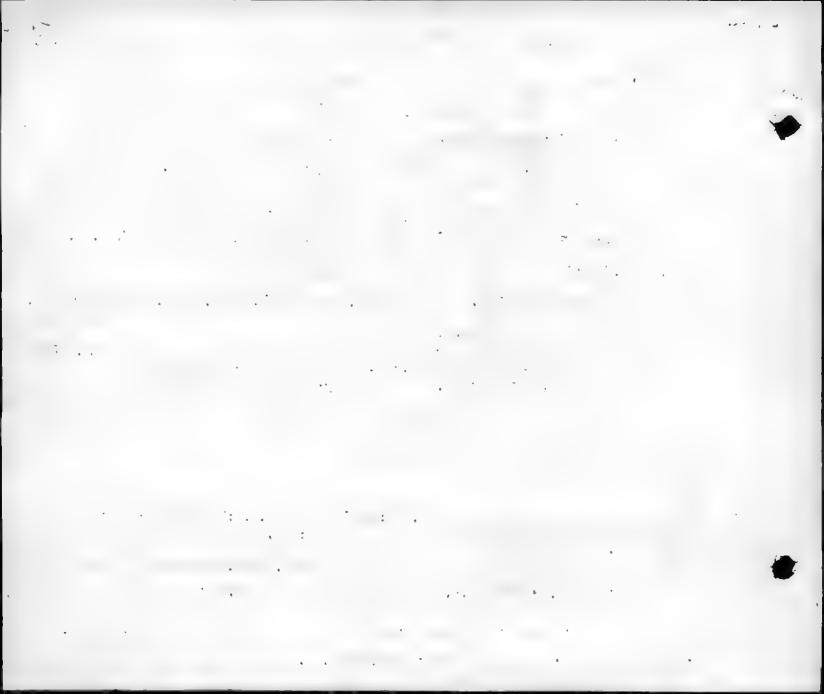
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

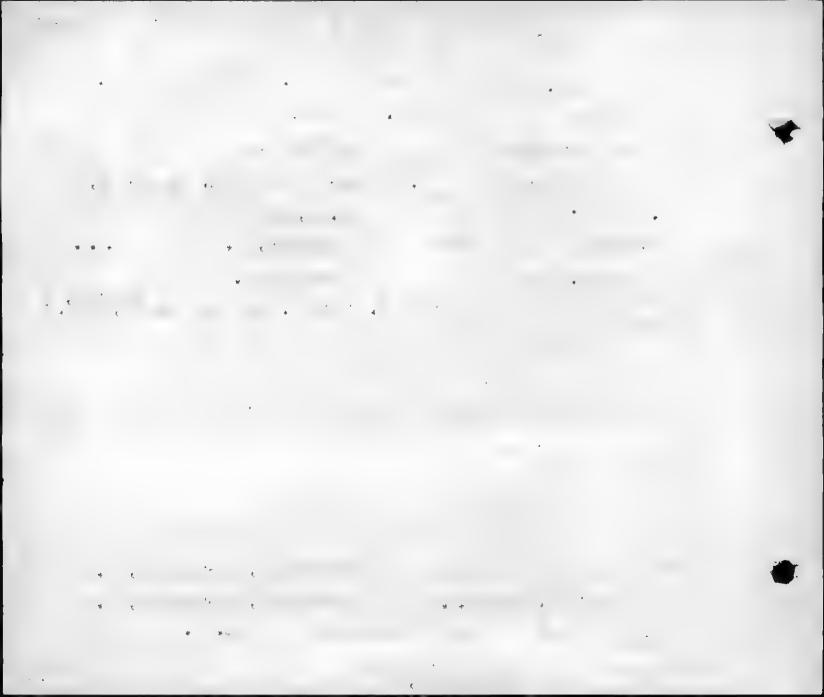
**CERTIFICATE OF DEATH** 

11189 Reg. Dist. No

	11209	CERTIFICA	ATE OF DEATH	Re	g. Dist. No.
1. PLACE OF DEATH 6. COUNTY Baltimo:	re	MARYLAND	2. USUAL RESIDENCE (W) 0. STATE Maryland	nere deceased lived. If institutions I b. COUNTY	Residence before admission)
b CITY OR TOWN RURAL and give r		c. LENGTH OF STAY IN 16		outside carporate limits, write RURA	L and give nearest town)
d NAME OF HOSPI	TAL (If not in hospital, give stree Administration	t oddress)	d. street address 3640 Keysto	one Avenue	e IS RESIDENCE ON A FARM? YES NO 1
B. NAME OF DECEASED (Type or print)	THOMAS	ANDREW	WASSIL	4. DATE OF OCTOBER	Pg Year 59
Male	6 COLOR OR RACE 7 MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 16,193	ast birthday) Ale	UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours Min.
Oa. JSUAL OCCUPATION of working most of working most of working the control of th	ON (Give kind of work done 10) rking life, even if retired) perator	steel Company		or foreign country) Pennsylvania	U. S. A.
Andrew G.	Wassil	-	Helen Nova	····	
15. WAS DECEASED EV (Yas, no. or unknown) Yes	12/5/51-2/3/55		nformant Lin.Records,V	AH,Balto.18,Md.F	ort Howard Div.
	ATH [Enter only one cause per				INTERVAL SETWEEN ONSET AND DEATH
163X	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASP DUE TO CAU	HIXLATION SE OTHER THAN T	CRAUMA		SEV.HOURS
Conditions, if a gave rise to cause (o), stating lying couse last,	the under-	LIGNANT TUMOR ( CHEST WALL, ME		RIGHT LUNG	2 YEARS
PART II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL D SEASE CONDITION GIVEN	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WORK CONTRIBUTING	AS UNDERLY NG [] 206 DE G [] CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18)	
20c. TIME OF INJU Hour a. m. p. m.	Whil	£-	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc	20f. (City or tawn)	(Caunty) (State
				t.6,1:17AM 1959	
ACTUAL SIGNATURE	/ lanto-	coccc and that death		M, fram the causes and c ADDRESS (Street, city or town, state 18 MD, FORT HOWAR)	DATE SIGNED
PHYSICIAN'S NAME (Type) N	ORRIS L. NEWTON	, M.D.	VAH, BALTO	18, MD. FORT HOWARI	D DIVISION 10/6
220. BURIAL, CREMATION REMOVAL (Specify Burial	Oct 9,1959		Cemetery	22d. LOCATION (City, town, or co	ty, Maryland
23. FUNERAL DIRECTOR		ADDRESS 8818 Roland Ave			R'S SIGNATURE



that



## **CERTIFICATE OF DEATH**

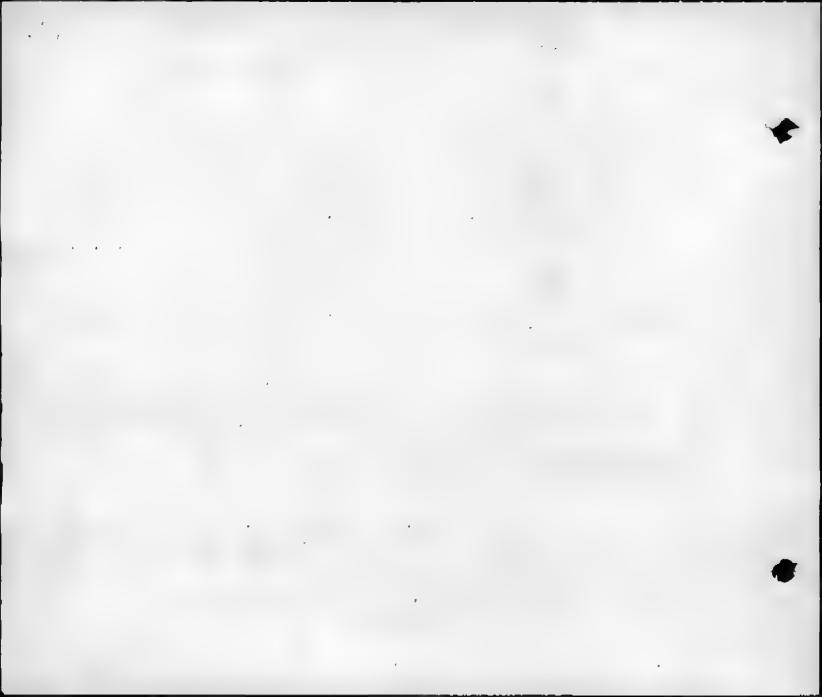
11191

				Reg. Dist. No.
1. PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary ]	ere deceased lived If institute and b. COUNTY	Prince George
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write R	URAL and give nearest town)
RURAL and give nearest town) Catonsville	13yr26dys	Hvattsvill	le, Maryland	11,15
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		e. IS RESIDENCE
	SPITAL	6705 Queens	Chapel Road	ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Mon	th Day Year
(Type or print) May		West	DEATH Octo	ber 23 19 59
5. SEX 6. COLOR OR RACE 7 MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER EYEAR IF UNDER 24 HRS
female white woow	ED 📆 DIVORCED 🔲	Feb. 22, 18	385 lost bigthdoy)	Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTRY
housewife		Maryla	nd	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Alfred Coleman		Mary Lev	vis	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	NFORMANT	Addr	ess
10.700 000000000000000000000000000000000	Jnknown Re	cords: SPRIN	OG GROVE STA	TE HOSPITAL
18. CAUSE OF DEATH (Enter only one couse per li	ne for (o), (b), and (c) ]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive hea	rt failure		ONSET AND DEATH
1477 / DUE TO				
Conditions, if any, which ) (b)	Arteriosclerot	ic cardiovasc	บโตร สำรอกรด	
gave rise to immediate DUE TO				
lying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES A NO
	CRIBE HOW INJURY OCCURRED	D (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 While of worl	Not while foo	ACE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f (City or town)	(County) (State)
21. I certify that I attended the decease	ed fram Feb. 25	. 19 59 . to (	Oct. 23 19 5	Sthat I last saw the deceased
				nd on the date stated above
0. 2.1	6-		ADDRESS (Street, city or town,	
SIGNATURE SIGNATURE	zerkon_	M.O. SPRING G	ROVE STATE H	OSPITAL 10-23-59
PHYSICIAN'S Bruno Radaus			le 28, Marylan	d
220 BURIAL, CREMATION, 226 DATE THEREOF 10/26/59	Cedar Hill C	crematory Cemetery	22d LOCATION (City Jown, or Suitland Mar	yland (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
F. Gasch's one Hyat	ttsville Md.	T30	26 159 0 7	1 - 0 45

funeral director, ald be fuled with deoth Page 4 may be retain the hospital ar ottending physician.

TO FUNERAL DIR TOR: After this certificate has been signed by the ottending physician and completely filled in by thing page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer TO HOSPITAL OR VS A15 (4) 15M 10/57

E



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deay is present execute the case, writing the word "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral action. Page 4 should be acted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, may designated agent, prior to Bariot, cremation, as remeat, and in any deem within 72 hours after death.

VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11212MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11192

			アイケイグ	Iteu	9 FilmG251	10-3	0-59 et		Res	g. Dist. No.	
	), P	LACE OF DEATH				2 1	JSUAL RESIDENCE (V	Vhere deceased I	ived. If institution: R	lesidence before	odmission)
	a	. COUNTY	Baltimore		MARYLA	- 11 .	STATE Mary		b. COUNTY		·
	Ь	CITY OR TOWN (1	autside corporate imita wit	e RURAL	c LENGTH OF STAY IN	16	CITY OR TOWN (IF	outside corpora	le limits, write RURA	ond give neares	I fown)
		Catonsv	4 2 3		2mth2hdys		Baltimor	е		· Vr.1	2
,	d	NAME OF HOSPIT	AL OR INSTITUTION	If not in hos	pitol, give street oddress)		. STREET ADDRESS			e	S RESIDENT
f.a	S	PRING GR	OVE STATE	HOSP	TTAL		1311 Wes	t Pratt	Street		S NO
	3, N	IAME OF ECEASED	Fir	st	Middle		Lost	4. DATE	Month	Doy /	Year
	Õ	Type or print)	Lil	lian	m.		Wheeler	OF DEATH	Oex	24	19 54
	5. 51	EX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3 8 DATE	OF BIRTH	9 /	a family day to		INDER 24 HES.
		emale	white	WIDOWER		Se	pt. 2, 18	81	78 78 1	hs Doys Ho	ars Min.
	10a. de	USUAL OCCUPATION OF WORKING	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR INC	USTRY 1	BIRTHPLACE (Slote	or foreign count	ry) 12	CITIZEN OF WH	AT COUNTRY?
		housewif	е				Maryland			U. S. A	
	13.	FATHER'S NAME				14.7	MOTHER'S MAIDEN N	IAME			
	3.5	Unknown	FO DALL S ADMED TO	Boreo Isa			Unknor	m	a wandow a same		_
	ITen,	no. as enknown)	ER IN U. S. ARMED FO	KEE24 10 ;	SOPPRECHITENO. 1	7. INFOR		T110 000	Address	TACINTE	1.9
		nknown /4	0		Unknown	reco	rds: SPR	ING GRO	VE STATE	HOSPIT	AL
			TH [Enter anily one cou	ise per 1 no (	for (o), (b), and (c).					INTERVAL B	ETWEEN DEATH
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	(3-1	4NGRENE	01	- LEFT	- 60	. 6 -		
		450,	/ DUE TO	_	4						49
		Conditions, if o		Gre1	VERALIZE	2 4	RTPRIO	16 4 77	.15		
		gave rise to immed (a), stating the o									
		cause lost.	(c)								
	8	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BI	UT NOT RE	LATED TO THE TERMI	NALDISEASE CO	NOTION GIVEN IN	PART 1(0) 19, W	AS AUTOPSY
)	81	/								YES [	RFORMED?
	CERTIFICATION	200 EXTERNAL CAL	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED	(Enter n	olure of injury in Port	For Part II of it	em 18) On 8-	5-59 pt.	
	_	PRIMARY (Nor CO) CAUSE OF DEATH.	TIKIBUTINO LI		or on way to	bati	room, sus	taining	a subcapi	tal irac	ture
		20c. TIME OF INJUI		20d. II	left femur.	PLACE OF	INJURY (Home, form	201 (City or I	own)	(County)	(Stote)
	MED	10:45 P. m.	8-6 195	9 While	Not while		eet, office bldg , etc.)	Cato	nsville.	Maryland	
		21. I certify th	at I took charge	af the r	emains described a	ibove, I	eld an Autapsy	y . Inspe	ection / Inc	quiry Z	ond in my
		opinion death	resulted from:	Naturol c	ouses []. Accider	1 1	Suicide , H	tomicide [	. Undetermine	d manner [	
		R-	4	. /	/ //			- Committee			
		ACTUAL	2011	MA	icker	_ мр	CHIEF MEDICAL EX	AMINER [		DA	TE SIGNED
							ASSISTANT MEDICA	AL EXAMINER			
		EXAMINER'S NAME (Type)	George M. F	(ieffe	r, %. b.		DEPUTY MEDICAL E	EXAMINER [			
	220	SURTAL CREMAT O	1 726 DATE THEREC	OF TO	224 NAME OF CEMETERY				Cily, town, or cour		Stote)
	/	sering	Proces	777	111111111111111111111111111111111111111	MAP	-L CEM		INE CHAM		ma
	23/1	UNERAL DIRECTOR	S SIGNATURE	non vo.	ADDRIST)	there	240 REC'E	D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	
	1	01/6	13.11100	برو	ALLEWII CON	1110)	DATE OF	T 26'59	arthus	S. Frank	- Ormina m
						_	> /				



TO HOSPITAL OF

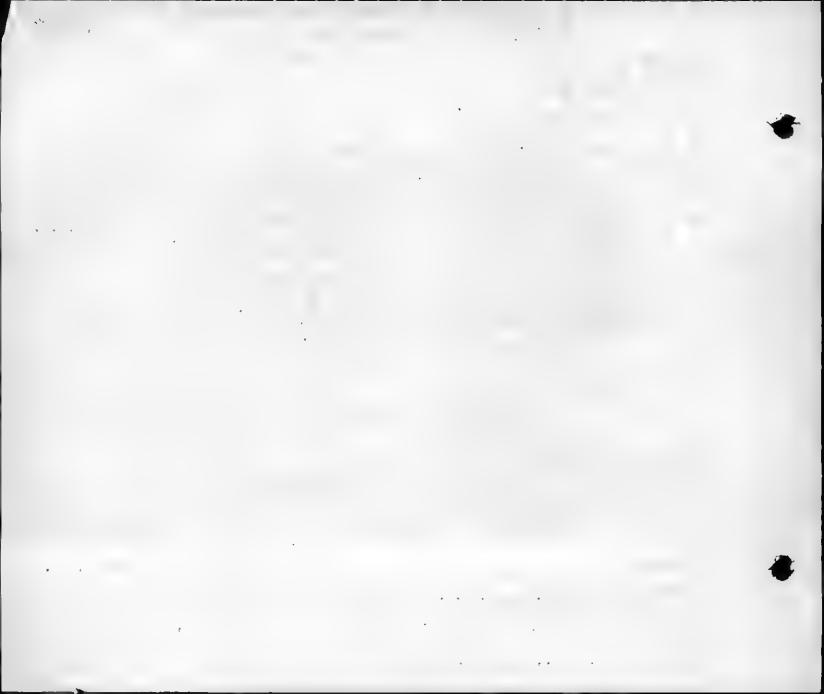
VS A15 (4) 15M 10/57

H

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
11213	CERTIFICATE	OF	DEATH		R

11193 Reg. Dist. No.

- 6					
١	1. PLACE OF DEATH O. COUNTY Baltimore MA	a STATE	IDENCE (Where deceased lived	If institution. Residence bef	are admission)
1	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF ST	90 L3	TOWN (If autside corporate le	Nasting/	ON DC
	RURAL and give nearest town)	all an	hington	Imilis, write NONAL and give ne	dien sowii
ł	d. NAME OF HOSPITAL (If got up hospital, give street address).	d STREET		7	le. IS RES DENCE
1	Towson L. Maryland	202	5 RST		ON A FARM? YES TO NO TO
	3. NAME OF A First Mich	idle Lo		Month D	1
	DECEASED	754	OF DEATH	OCT 2	5 195-9
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 8 DATE OF BIRT	TH 9 AC	GE (In years   IF UNDER 1 YEAR It birthday)   Manths   Days	
		RCED 55pt.	5-1874 3	Manihs Days	Hours Min.
1	10a. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	S OR INDUSTRY 11 BIRTHP	LACE (State or foreign country	12 CITIZEN	OF WHATSOUNTRY
ļ	MERCHANT	HAA	deman Cour	- MARC	LEMAN
-	13. FATHER'S NAME	14 MOTHER	S MAIDEN NAME	, ,	
	Kutus - MNIMET	MA	KGIE N	TARMON	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	NO. 17. INFORMANT	Personal Histo	ory Address	
		Hospita	1 Records, Euc	dowood Sanator	ium
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY:	(c).]	710	P AN	TERVAL BETWEEN
	IMMEDIATE CAUSE (a)	nuncer	Jubercute	569 31	us (7mus
	, X DUE TO	V			
	Conditions, if any, which   (b)				
	cause (a), stating the under-				
	Z Part II OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO	DEATH BUT NOT BELLTED TO	THE TERMINAL DISEASE CO.		
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT KELATED IS	O THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	PERFORMED?
	200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURED	Y OCCUPPED /Faler polyre	of injury in Part I ar Part II of	stem 18 \	YES NO
		TOCEBRALD (LINES HUIDING	or injury in rott r or rott in or	nem ta.j	
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o, m p m, 19 While Not while of work of at work	20e. PLACE OF INJURY foctory, street, offic	(Home, form, 20f. (City or to	wn) (County	(State)
ł					
1	21. I certify that I attended the deceased from A =	-10-57, 195"	1.10 OCTI25	. 195 7 that I last s	aw the deceased
ł	alive on 1047, 25 , 1957 , and th	nat death accurred at	10 M, from the	couses and on the da	ate stated above
	- 17 1		ADDRESS (Street, o	tily or lown, state)	DATE SIGNED
1	SIGNATURE OF LEGISLA CONTRACTOR	<u>~ フ</u>	udowood Sanate	orium - Towson	4. Md.
1	PHYSICIAN'S	4			
-	NAME (Type) Milton B. Kress, M.D.				
1	#FAAGIYAI+60P96?(V)	EMETERY OR CREMATORY		City tawn, or county)	(Stote)
-	10-27-77	wn Cemetery		oro, Arkansas	
- 1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	G.1.	24a. REC'D BY REGISTRAR	245. REGISTRAR'S SIGNATU	RE
	William Cook, Inc., 1217 St. Paul	Street	DATE OCT 2 7 '59	C. Elmar & to	Tares



rfuneral director, suld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retain the hospital or attending physician.

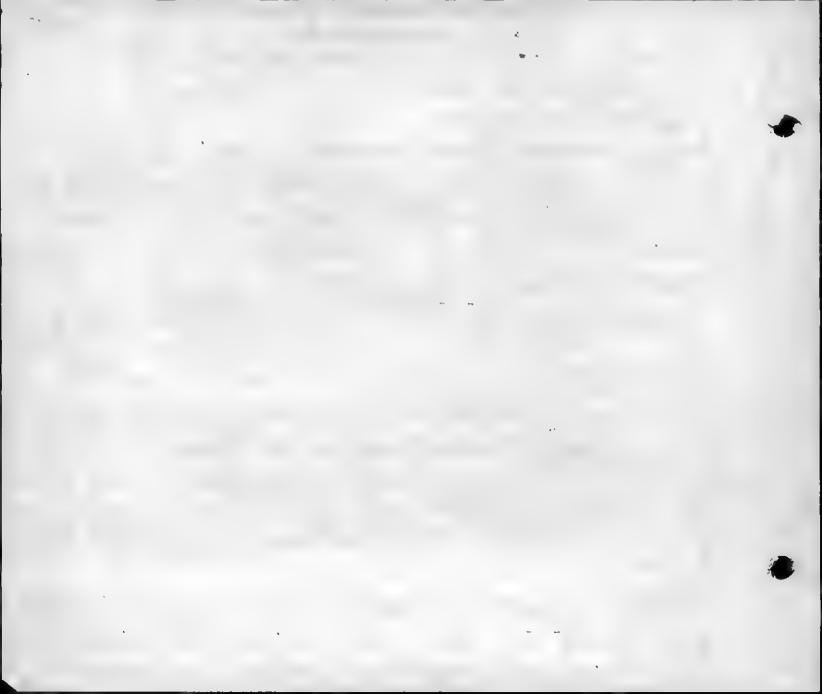
TO FUNERAL D. — OR: After this cantificate III been signed by the attending physician and campletely filled in page 3 should III detached far use as the burial-transit permit. The please remove carbon papers. Pages 1 and the Ingistrar prior to burial, creation, III remayally within 72 hours after death.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 9/55

,		PLACE OF DEATH B. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  o STATE Maryland b. COUNTY Baltimore
)		b. CITY OR TOWN (If autaide carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  - Middle River
1		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION IVY. Hall Nursing Home	d. STREET ADDRESS 3402 Upton Rd.  6. 15 RESIDENCE ON A FARM? YES \( \) NO \( \)
		NAME OF DECEASED (Type or print) ON CAC	Wilhelm 4. DATE Month Day Year DEATH 10 18 1959
	S. :	male white widowed Divorced	8. DATE OF BIRTH 7883 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Add the state of the
_	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES. Dutcher.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR  USA  USA
I	13.	FATHER'S NAME (arl Wilhelm	14. MOTHER'S MAIDEN NAME Emma Worf
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III., no, or unknown) (11 yes, give wor or dotes of service) 215-07-17/1/	Mrs Elizabeth Wilhelm same
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Interval Between onset and death
		Canditians, if any, which)	etic (-aidio-crase. Marine
		gave rise to immediate cause (a), stating the <u>under</u> lying cause last.	
()	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 2
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D/(Enter nature of injury in Port I or Port II of item TB.)
	MEDICAL		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (Caunty) (State)
		21. I certify that I attended the deceased from.	1957, ta. Collection, 1952, that I last saw the decease accoursed at 10 500M, from the causes and an the date stated above
		ACTUAL SIGNATURE	ADDRESS (Street, city or town, state)  DATE SIGNI
1		PHYSICIAN'S LOUIS SEMEACHE	Baltimore 2 (MI
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURY AL 10-21-59 Gardens of	PR CREMATORY 22d. LOCATION (City, town, or county) (State) Faith (em. Baltimore, Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		Leonard J. Ruck 5305 Harford Rd	DATE OCT 21 59   Cirthur S. Kings



75 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4	may be retain by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remays carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.
OT VS	TO FU	bad (4)
, ,		

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
11915	CERTIFICATE	OF DEATH	_

CERTIFICATE OF DEATH

11195

11410			-	Reg. Dist. No.
1 PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	Residence before admission)
o. COUNTY Baltimore	MARYLAND	o. STATE Marvl	and b. COUNTY	Baltimore
b. CITY OR TOWN (If autside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside c <del>orpo</del> rate limits, write RUF	RAL and give nearest tawn)
Monkton (rural)	11fe	× Monkton	(rural)	
d. NAME OF HOSPITAL (If not in hospitot, give :		/d. STREET ADDRESS	10000	e. IS RESIDENCE
OR INSTITUTION Carroll Rd	•	Carroll	Rd.	YES NO
3. NAME OF First DECEASED	Middle	last	4. DATE Month	Day Year
(Type or print) Eleanor	Bosley Wilhe	<b>1</b> m	DEATH 1	0-5-59 19
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	111111111111111111111111111111111111111	FUNDER TYEAR IF UNDER 24 HRS
female white w	DOWED DIVORCED	9-1-1888	71 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
during most of warking life, even if retired) housewife	home	Marylan	d	U.S.A.
13. FATHER'S NAME	1000	14. MOTHER'S MAIDEN N		
Daniel W. Bosley		Winifre	d Miles	
15 WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Addres	\$\$
no		. Webster W	ilhebm, a	bove
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c) ]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Carcinon	of Preside	recuent meter	ONSET AND DEATH
1/0 X IMMEDIATE CAUSE (a)	Caramon	of water	Sections the ore	b kee.
50210		,		
Conditions, if any, which (b)				
couse (o), stoting the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL D SEASE CONDITION GIVEN	N IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
<del> </del>				YES NO
20a ACCIDENT WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	Part I or Port II af item 18)	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, form		(County) (State)
	While Not while to the work at	ctory, street, office bldg., etc.	1	
21. I certify that I attended the de		1958 to 8	ent 15 1957 11	nat I last saw the deceased
1 1 50		NC.	1 1 1	on the date stated above
0	72 did mai deam		ADDRESS (Street, city or town, st	
SIGNATURE C. Hechert 7	Mueller 2	M.D. I Lewford	Packton P.O	mal 10/1/5
DUVERCIANIC			/	
PHYSICIAN'S C. HEKBER	+ MUELLER JA	HEREFL	ORD PARKTON	1.0. MD.
220. BURIAL CREMAT ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (State)
Burial 10-8-59	Bosleys Me	thodist	Sparks, Md	•
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			rar's signature
Brooks Funeral Serv	ice. Towson 4.	Md. DATE		



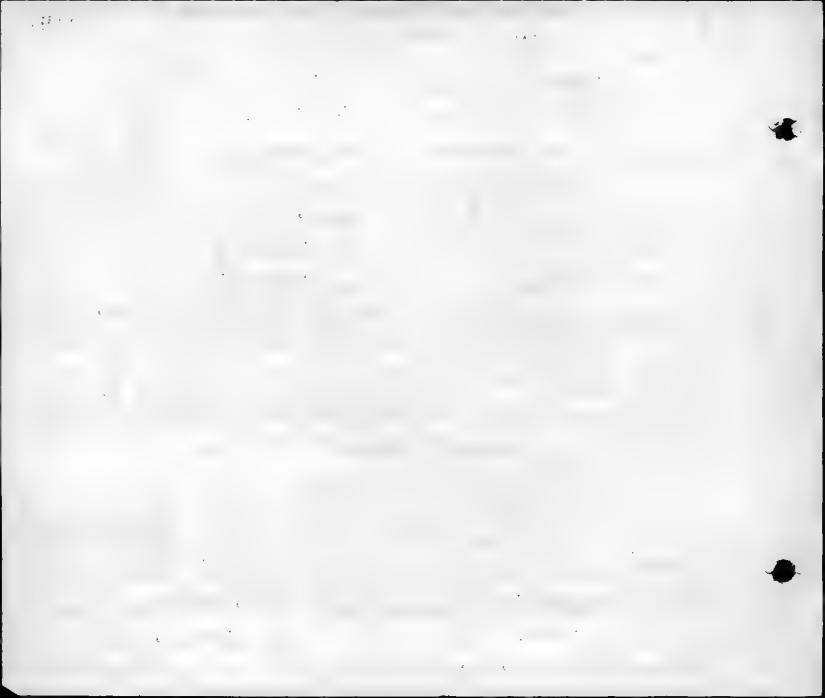
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	112	216	CERTIF	ICA	TE OF D	EATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA		2. USUAL RESIDE		re deceased	lived If instituti b, COUNTY	-	before admi	ssion)
b. CITY OR TOWN (III RURAL ond give ne Pikest	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	i lb	c. CITY OR TO		tside corpor	ote limits, write R			vn)
d. NAME OF HOSPIT, OR INSTITUTION	AL (If not in hospital, g	jive street			d. STREET AD		A			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Find Esthe	'sł	Middle ixler Wisne	- !!	Lost		4. DATE OF DEATH	Mon		Day	Year
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	□ B.	DATE OF BIRTH			P. AGE (In years lost birthdoy)		YEAR IF UNI	
during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	_		CE (Slote of	r foreign co	76 yrs	12. CITIZ	EN OF WHA	T COUNTRY?
Housewif 3. FATHER'S NAME	<u>e</u>		Home		14. MOTHER'S	rylan Maiden na					
Incodore  5. WAS DECEASED EVER  Yos, no. or unknown)			SOCIAL SECURITY NO.	17. INF	Re-	becca	Royer	Add	reis		
No			ne far (a), (b), and (c).]	Mis	s Thelm	a Wis	ner :	35 Slad	e Aven	io. Pi	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Coron	1	The		ebo.	5,-5		ONSET AN	D DEATH
Conditions, if are gove rise to in couse (a), stoting thing trues last.	nmediate (		Art.		5c /8/05/		3/5			2 -	3415
3	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	011	- 10	915			EN IN PART	PERF	AUTOPSY ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of/	finjury in Pa	et 1 or Port	II of item 18.)			
20c, TIME OF INJURY Hour a. gr. p. m.	Month, Day, Ye	or 20d II While of wor	Not while	De. PLAC focto	E OF INJURY (Hory, street, office	ome, form, bldg., etc.)	20f. (City	or lown]	(Co	unty)	(Slote)
	at I attended the	deceas	-de-					195			
actual	u sh.M	alle	Signal that d	leath c		Al	DDRESS (Str	the causes of th	stote)		ted abave SATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. James							Marylan			
20. BURIAL, ÉREMATIO REMOVAL (Specify) Rizma 1	10/13/		22c. NAME OF CEMETI			3		ON (City, town, o	е. М.ж	rland	ole)
3. FUNERAL DIRECTOR'S	SIGNATURE"		ADDRESS		- T	24a. REC'D			TRANCE PICE	ARLIAN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death: Page and may be retained by the hospital or attending physicion.

TO FUNERAL EXPLOR: After this certificate has been signed by the attending physician and completely filled in by the forest or page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

F21





## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11218

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	place of Death d. COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY Baltimore					
1	RURAL and give n	earest tawn)	c. LENGTH OF STAY IN 16	1b c. CITY OR TOWN (If authide corporate limits, write RURAL and give nearest law					
	OR INSTITUTION			/ d STREET ADDRESS 1725 Cin	rcle Rd.	e. IS RESIDENCE ON A FARM? YES NO			
	DECEASED	First Edward	Middle Barhyte	Wright		Doy Year 16 19 59			
5. 9	M M	TAT I		Sept.3,1899	Inst birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.			
	during most of wor	king life, even if retired)		USTRY 11. BIRTHPLACE (State Ohio	ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U. S.			
13		thur S. Wri	ght						
15. (Yes	Yes			Mrs. Polly 1		Same			
	PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under.  DUE TO  Carcinoma of the lung  DUE TO  DUE TO								
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 VE								
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 at wark at wark at wark 19 a								
	21. I certify that I attended the deceased from 1918 19 to death 19 that I last saw the deceased alive an 10-15-59 19 and that death accurred at 9:45 M, from the causes and an the date stated above.  ACTUAL SIGNATURE 6 E. Eager Street  M.D. 6 E. Eager Street								
	PHYSICIAN'S NAME (Type)	Dr. Warde B.	Allan	Baltimo	re 2, Md.	***			
23.	REMOVAL (Specify)  RITTIAL  FUNERAL DIRECTOR	10-19-59 'S SIGNATURE	St. Phoma	s! Church	Garrison Fo				
	3. 100 MEDICA, CERTIFICATION MEDICA, CARTIFICATION MEDICA, CARTIFI	D. COUNTY BE  b. CITY OR TOWN ( RURAL and give in RUX  d NAME OF HOSPI OR INSTITUTION 172  3. NAME OF DECEASED (Type or print)  5. SEX  M  10a. USJAL OCCUPATIC during most of wor EXOCULT VE  13 FATHER'S NAME  A.1  15. WAS DECEASED EVE (Yes, A. or unknown)  18. CAUSE OF DEA PART 1 DEA  Canditions, if or gove rise 1 or gove rise 1 or cause (a), stoting lying cause lost.  PART 1 DEA  Conditions, if or gove rise 1 or gove rise	b. CITY OR TOWN (If autside corporate limits, writer RURAL and give nearest town)  RUXTON  d NAME OF HOSPITAL (If not in hospital, give str. OR INSTITUTION)  1725 CITCLE Rd.  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. M  WIDCO  10a. USJAL OCCUPATION (Give kind of wark dane I during most of working life, even if retired)  EXECUTIVE (VICE Press.)  13. FATHER'S NAME  Arthur S. Wri  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, as, or unknown)  IB. CAUSE OF DEATH [Enter anly ane couse pe PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20a. TIME OF INJURY Month, Day, Year ACTUAL SIGNATURE  PHYSICIAN'S Dr. Warde B.  22a BURIAL, CREMATION, REMOVAL (Specify)  Bij ria 1 10-19-59  23. FUNERAL DIRECTOR'S SIGNATURE	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ON  d NAME OF HOSFITAL (If not in hospital, give street address) OR INSTITUTION  1.725 Circle Rd.  3. NAME OF DECEASED (Type or print) Edward  Barhyte  5. SEX  6 COLOR OR RACE M WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED STATE TO STATE STAT	a. COUNTY Baltimore  b. CITY OR TOWN; (If outside corporate limits, write RURAL and give increat flown)  b. CITY OR TOWN; (If outside corporate limits, write RURAL and give increat flown)  c. CITY OR TOWN; (If outside corporate limits, write RURAL and give increat flown)  d. NAME OF HOSPITAL (If not in hospital, give street address)  or institution  1725 Circle Rd.  3. NAME OF HOSPITAL (If not in hospital, give street address)  1725 Circle Rd.  3. NAME OF HOSPITAL (If not in hospital, give street address)  1725 Circle Rd.  3. NAME OF HOSPITAL (If not in hospital, give street address)  1725 Circle Rd.  3. NAME OF HOSPITAL (If not in hospital, give street address)  1725 Circle Rd.  3. NAME OF HOSPITAL (If not in hospital, give street address)  1725 Circle Rd.  4. Name of Hospital Last address of Last addr	a. COUNTY Baltimore  b. CITY OR TOWN (If outside corporate limit, write RURATO of give nearest long five five five five five five five five			

may be reta by the hospital or attending physician.

TO FUNERAL DIRACTOR: After this cert ficate has been signed by the ottending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filted with the registror prior to buria, cremation, or remayal, and in ony event within 72 hours after death. death. Page 4 Ħ., ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL O VS A15 (4) 15M 9/5B



Item 22B, Film Gayo		11199					
11210 CERTIFICA	ATE OF DEATH Reg Dist	No. T					
1. PLACE OF DEATH b. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased fived. If institut on Residence o. STATE b. COUNTY & Maryland	e before odmiss on)					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)					
Fort Howard 7 Days	Cambridge 69.						
d. NAME OF HOSPITAL (19 not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
Veterans Administration Hospital	203 Belvedere Avenue	YES NOTE					
3. NAME OF DECEASED (Type or print) WILLIAM S.	WRIGHT 4. DATE Month October 15,	Day Year 19 59					
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	jost hirthdoy) Manike I	YEAR IF UNDER 24 HRS Doys Hours Min.					
Male White WIDOWED DIVORCED	representative to the	Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)		EN OF WHAT COUNTRY?					
Salesman R Meat Company	Dorchester Co., Maryland	U. S. A.					
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William C. Wright	Emma V. Webster						
	NFORMANT Address						
Yes SAW Unknown Cl	inical Records, VAH, Balto. 18, Md. F	t.Howard Div					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PYELONEPHRITIS	RECENT						
XXXXX ARTERIOSCLEROSIS	OF AORTIC AND MITRAL VALVES	UNKNOWN					
Conditions, if ony, which ) (b) DILATATION AND HY	È UNKNOWN						
couse (o), stoting the under CONICE ARTERIOSCLEROSIS	UNKNOWN						
lying couse lost. (c) CEREBRAL ARTERIOSCLEROSIS							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19, WAS AUTOPSY PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BLEEDING RECTAL POLYP	·*	YES P NO					
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)						
	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)					
21. I certify that Kattended the deceased from October 8 , 19 59, to October 15 , 19 59 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
TO STAN THE COURSE WITH A COURSE WITH A COURSE AND A COUR							
ADDRESS (Street, city or town, stote)  DATE SIGNED							
ACTUAL SIGNATURE . 1 1. 21 10/16/59							
PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D.							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)					
Rurial Oct. 18,1959 East New Mar	ket Cemetery East New Market, M	aryland					
23. FUNERAL DIRECTOR'S SIGNATURE ADD 1507 W11	tens Ave . 240. REC'D BY REGISTRAR 5 24b. REGISTRAR'S SIG	NATURE					
Howard H. Hubbard Funeral Home Baltimore							

MARYLAND STATE DEPARTMENT, OF HEALTH—BALTIMORE, 18



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ctor, with	81
by the funeral director	1
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requires that the death certificate be executed within 24 haurs by the hospital ar attending physicion.

DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in a detached far use as the burial-transit permit. Then please remaye carbon papers. Poges I an in puriar to burial, cremation, or remayal, and in any event within 72 hours ofter death.

TENDING PHYSICIAN: The low

HOSPITA	FLINERAL	oge 3 sha
0	E	<u>a</u> :
	AIS VI 9/5	

225	1199	n CERTIFIC	CAII	OF DEATE	1		Reg. D	ist. No.		
1. PLACE OF D	EATH	<del>0</del>	- 11	USUAL RESIDENCE (Who	ere decease	d lived. If institution	on: Resider	nce befor	e admiss	ion)
Ba	ltimore	MARYLAN	ID	Marylan	d	B. COUNT	Car	roll		K.
	TOWN (If autside corporate limits, wri	te c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (IF o	utside corpo	rate limits, write R	URAL ond	give nea	rest town	1)
Fo	rt Howard	17 Days		Hampste	ad		26x	-2		
d. NAME OF INSTITUTE VE	F HOSPITAL (If not in hospital, give str TUTION E <b>terans Administra</b>	reet oddress)		d. STREET ADDRESS  Route 1						FARM?
3. NAME OF	First	Middle		Last	4. DATE	Mon	th	Day	,	Year
(Type or pri	nt) LESTER	ī.	ZE	PP	OF DEATH	October		20		19 50
5. SEX Male	T.TL-4 A	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. D.	ATE OF BIRTH y 31, 1895		9. AGE (In years lost birthday) OLL yrs.	IF UNDER		Hours	ER 24 HR
IOa. USUAL OC	CUPATION (Give kind of work done 1	Ob. KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	or foreign c		12.CIT	IZEN OF	WHATC	OUNTRY
Paint	CUPATION (Give kind of work done of the working life year if retired) er and Prasterer	Construction		Hampstead,	Mary	land	U.	S. I	A.	
13. FATHER'S N	AME		14	MOTHER'S MAIDEN N						
Willi	am H. Zepp			Carrie Spr	inkel					
IS. WAS DECE	ASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFO	RMANT		Addi	ress			
Yes, no or unknow	(If we give car or dates of service)	Unknown	Clin	.Rec.VAH, Ba	1to.1	8.Md.,FOR	T HOW	WARD	DIV	ISIO
1B. CAUSI										TWEEN
	PT I DEATH WAS CALISED BY		NCOM.	MORTE CENT	TO A T TOTAL	THE STATE OF THE S		ONS	ET AND	DEATH
10		BDOMINAL CARCI	NUMA	TUSIS, GENE	KALTY.	ETD	_	U)	N KINO	MIN
180					-0150			7.77	Tara	- Th.
	Conditions, if ony, which are to immediate (b) PRIMARY CARCINOMA OF KIDNEY, RIGHT								UNKNOWN	
	cause (a), stoting the under:									
Z lying cou		IC CONTRIBUTING TO DESTU	DUTSIO	PELLYEN TO THE TENNI	NIAL PARPAR	c constant of	Ph / 15 / 6 / 7	NY 12 3 12	2 14/4 C	ALITOPEN
L. Py	relonephritis, bila	teral. Status	post	abdomanal	perin	eal resec	tion	RT 1(0) 15	PERFO YES	RMED?
200. ACCIO OR CONTR (IF EITHER,	DENT WAS UNDERLYING 20b. I RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in f	Pari Lor Por	t II of item 18.)				
~		d. INJURY OCCURRED 20e		OF INJURY (Home, form		or town)	(	(County)		(State
Hour Hour	o. m. 19 of	hile Not while wark at work	factory,	street, office bldg., etc.	)					
~	17.1		2	10 50 10-4	a.Ta	20 150	armana	ירוריטרוניי	PRESENTE.	RESESE
	21. I certify that the deceased from October 3, 19.59, toctober 20, 1959, WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
ALVA IOA	AXAXXXXXXXXXXXXX	XXXXXX and that de	ath ac			the causes an treet, city or town.		e date		d abavi
ACTUAL SIGNATUR	John W. Cr	awford	M.D.	illun			siore)			20/5
PHYSICIAN NAME (Typ		RD, M.D.		VAH, BALTO.	18,MD	FT HOWAR	D DIV	VISI	N	
220. BURIAL, C		22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	re)
Buria		9 St. Mark's	Chur	ch Cemetery	Sny	dersburg.	Mary	yland	£	
23. FUNERAL D	IRECTOR'S SIGNATURE	ADDRESS			BY REGIST					
Tinton	Funanci Home Hem	neteed Memila	nd	DATE OC	T 2 2 "	59 (3)	thur &	TELAD	LA	

Tinton Funeral Home, Hampstead, Maryland

Property Late

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO DEPUTY MAJCAL EXAMINER: This certificate should be executed within 14 hours after death. If any delay is pecessary, please execute the certific writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the should be farwarded 12 the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar priar to byrial, creapation, or remayal. 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11201

Reg. Dist. No.

	D. COUNTY			2. USUAL RESIDENCE (W		-	nce before admission)		
	DACIO		MARYLAND	G. STATE MA	В.	COUNTY BA	940		
Ŀ	city OR TOWN (If sutside corporate limits, and give nearest town)	write RURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limi	its, write RURAL and	give.nearest town)		
	DUNDALI	122	3 4RS	53 DL	NDALK	_			
(	I. NAME OF HOSPITAL OR INSTITUTION	(If not in hesp	ital, give street address)	d. STREET ADDRESS	1 -	. 1	o. IS RESIDENCE ON A FARM?		
	2023 HOLBORN	2 K	1	2023 A	HOLBORN	1 Kd	YES NO T		
-	NAME OF DECEASED (Type or print)	Pl-+	(N.M.I.)Z	UBLICK	4. DATE OF DEATH	Month /54	Day Year		
5. 5	EX 6. COLOR OR RAC	E 7. MARRIEL	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (I fost birth	4-1			
	MALE WHITE	WIDOWED	DIVORCED .	3/5/1908	5	yrs. Months (	Days Hours Min.		
100	. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire	rk dane 10b. Kil	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZ	TEN OF WHAT COUNTRY?		
H	IATER TENDER	57	EEL MIGH	Wil	VA,	1 4	1,5,17		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
	FRANK	ZUB	LICK		UNK	1			
	WAS DECEASED EVER IN U. S. ARMED		OCIAL SECURITY NO. 17. IN	FORMANT	4	Address			
	NO -	2/	3-07-8775 4	UNES KAT	TON ZUE	SLICK-	SAME		
	18. CAUSE OF DEATH [Enter only one	couse per line so	(c), (b), and (c).	10	1		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	algran	ase	Eugion		(men		
	4420.1 DUE 1								
	Conditions, if ony, which)	(6)							
	gave rise to immediate couse								
	(o), storing the underlying DUE to								
Z	PART II. OTHER SIGNIFICANT CO	- 1	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART			
ATIO	TOTAL SERVICE CO.		The state of				PERFORMED?		
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING	20b. DESCRIBE	HOW INJURY OCCURRED. (E	iter nature of Injury in Port	I or Part II of item 18	3.)	100		
	CAUSE OF DEATH.								
MEDICAL	20c. TIME OF INJURY Month, Day.	Year 20d. IN	JURY OCCURRED   20a. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(Cavi	nty) (State)		
MEDI	Hour a.m.	While of worl	Not while facto	ry, street, office bldg., etc.)					
-	21. I certify that Hook char-			e, held on Autopsy	nspectio	n Z Inquir	and find that		
	death resulted from: Natura	at causes Z	Accident   Suic	ide . Homicide	□. Undeterm	ined couse .			
	110000								
	ACTUAL SIGNATURE 12-6-66	16 6	Ollin	M.D. CHIEF MEDICAL EX	AMINER []		DATE SIGNED		
	STORATORE STORAGE			ASSISTANT MEDICA	AL EXAMINER T		10.6.53		
	EXAMINER'S ACK C	DLLI	NS. M.D.	DEPUTY MEDICAL E	XAMINER (		100		
220	BURIAL CREMATION, 226. DATE THE	EOF	Zc. NAME OF CEMETERY OR	REMATORY	22d. LOCATION (City	, town, or county)	(State)		
1	DRIAL 10/7 A	59	PAK LAW	N	MALTO. O	O, mel	,		
23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240. REC'D	BY REGISTRAR 24	b. REGISTRAR'S SIG	NATURE		
1	With Muchan Be	of Be	Dudlally 1 M	DATES ES	8 '59	Calles I :	4		
1				10.50	35 57 9	- Buddelined A	14-24-		

VS. A15ME(5) 5M 9/55

